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ABSTRACT

There is evidence that drug treatment in correctional facilities can impact recidivism, perceptions of self-efficacy, and mood states such as depression and anxiety. This study was designed to provide detailed and systematic descriptions of participants and treatment program components for five drug treatment programs. Also included are program completion rates as well as 12-month postrelease outcome (recidivism) for program participants versus matched controls. Following a literature review on drug treatment in corrections, detailed process or program data for the five sites is presented. The next section discusses the various issues confronting treatment providers, and relevant policy considerations regarding the program approaches. It is concluded that these programs had modest positive effects on the probability but not the timing of recidivism (for those arrested and convicted) within one year of jail release. Minority offenders and younger offenders were less likely to be successful in the programs and had higher probabilities of recidivism. An appendix presents admission and exit forms used in the treatment programs. Forty-four tables and five figures present data and statistical analysis. Contains 45 references. (TS)

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National Institute of Justice

Research Report

ED 402 520

Evaluation of Drug Treatment in Local Corrections

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Evaluation of Drug Treatment in Local Corrections

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**A Final Summary Report Presented to the National Institute of Justice
May 1996**

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Office of Justice Programs**

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Executive Summary

Evaluation of Drug Treatment in Local Corrections

The National Council on Crime and Delinquency (NCCD) was awarded a competitive grant by the National Institute of Justice (NIJ) in 1991 to evaluate several drug treatment programs in local jails. The impetus for this project came from the knowledge that drug arrests have been a major factor in recent increases in jail and prison populations (Austin and McVey, 1989; Blumstein, 1993). The effectiveness of drug treatment programs for offenders and, in particular, jail inmates (with relatively short lengths of stay) continues to elicit interest and debate.

As described in the literature, there is evidence that drug treatment in correctional facilities can impact recidivism, perceptions of self-efficacy, and mood states such as depression and anxiety (see Murray, 1992; Hubbard et al., 1989; Field, 1989; Wexler et al., 1990; Little and Robinson, 1990). The effects tend to wane over time, but short-term outcome seems to be enhanced with longer time in treatment and participation in aftercare. Also, the most effective treatment matches offenders with the supervision and treatment "appropriate" to their assessed needs (National Task Force on Correctional Substance Abuse Strategies, 1991; Sechrest and Josi, 1992; Chaiken, 1989; Lipton et al., 1990).

The small number of studies to date, however, along with the differing methodologies and unknown generalizability, make it impossible to reach firm conclusions about the effectiveness or even the content of drug programs in local jails. The field could benefit greatly from a thorough description of these programs, including coverage of who participates in them, who completes them, and who goes on to be rearrested and convicted within the following year.

This study was designed to provide detailed and systematic descriptions of participants and treatment program components for five drug treatment programs. The programs are:

1. Jail Education and Treatment (JET) program, Santa Clara County, California.
2. Deciding, Educating, Understanding, Counseling, and Evaluation (DEUCE) program, Contra Costa County, California.

3. Rebuilding, Educating, Awareness, Counseling, and Hope (REACH) program, Los Angeles County, California.
4. Substance Abuse Intervention Division (SAID), New York City Department of Correction.
5. New Beginnings, Westchester County, New York.

Also included are program completion rates as well as 12-month postrelease outcome (recidivism) for program participants versus matched controls. This project is intended to be policy oriented. Information is provided about the various issues confronting treatment providers and relevant policy considerations regarding program approaches discussed. Because the study raises many questions and research opportunities, a variety of topics for future studies are included.

Research Approach

This report begins with a literature review on drug treatment in corrections, including the limited number of studies specific to treatment in jails. The report then provides detailed process or program data for the five sites. The data were gathered using two general approaches.

First, after several initial visits, NCCD researchers developed prose descriptions of the jail programs. These narrations include overviews of the program and information regarding program setting, content, goals, history, staffing, and recruitment/selection of participants. Descriptions were updated to reflect changes in both programs and systems during the course of the evaluation.

A dramatic illustration is that two of the five jail drug programs discontinued operation during the latter part of the evaluation. The JET program was defunded and thus discontinued in Santa Clara County although a redesigned and renamed program continues. Also, with the closure of the Mira Loma Correctional Facility, the REACH program was closed but then reinstituted at the Sybil Brand Institute in Los Angeles.¹

The second approach to gathering process and content data was to develop standardized tables to be completed by NCCD staff through

¹ A substance abuse program for males (formerly called REACH) operates in the Honor Rancho minimum security facility in Saugus, California. This program was not the subject of the present evaluation study. Subsequent to the completion of this report, the SAID program experienced substantial defunding due to local budgetary problems.

interviews with program, administrative, and custody personnel. The tables of information represent the bulk of the process evaluation effort and include extensive data such as program setting, eligibility and screening criteria, program elements, organization and funding, staffing, and aftercare links. Data were also collected regarding the relative infraction rates and relative costs for the five programs.

In addition to collecting information about the programs themselves, information was obtained about participating offenders. This was done by sampling offenders who entered and exited the programs during the evaluation period. In most sites, program participants ("treatment cases") were interviewed by a program staff member or NCCD researcher at both program admission and release. If personal interviews were not possible, client files were examined. Admission forms contained information on demographics, drug and offense history, and previous drug treatment. Exit forms contained dates of release from the program and from jail, as well as type of program termination. Although quantifying the types and intensity of services actually received by the participants would have been valuable, these data were not available for this study.

To develop comparison groups, strategies tailored to each site had to be developed. For most sites, a sample of offenders serving time in the same facility but not participating in drug treatment was obtained (through computerized files) by matching on race, age, primary offense, and sentence length. Analyses of demographic and incarceration information demonstrate that these sampling procedures were successful in creating largely comparable treatment and control groups for the outcome analysis.

Outcome was defined as the probability of being rearrested and convicted within 12 months after release, controlling for time at risk in the community. Information on each arrest/disposition was obtained through State criminal information systems. State-level rap sheets were obtained for 86 percent of the total sample, and recidivism was analyzed by treatment group as well as by several offender characteristics (e.g., sex, age, race/ethnicity, prior offense history). Site-by-site differences were also analyzed. Finally, for treatment participants, pattern of drug use, type of program termination, and length of program stay were analyzed with respect to outcome.

Process Analysis Results

Table 1 summarizes the size of the programs in relation to the correctional systems in which they operated, average length of stay within each system, type of client served, program approach, and postcustody treatment and supervision. DEUCE, SAID, and New Beginnings served both males and females. JET was an all-male program and REACH an all-female program. With the exception of REACH, all the programs served both sentenced and unsentenced offenders.

Table 1

Program and System Summaries

	JET	DEUCE	REACH	SAID	New Beginnings
Year started	1989	1986	1991	1989	1988
Program average daily population					
1991	51	210	70	995	83
1993	64	200	58	1,020	107
System average daily population					
1991	4,100	1,550	22,000	22,000	1,300
1993	4,000	1,375	20,300	18,000	1,400
System annual bookings (fiscal year 1991-1992) ¹	70,239	32,656	257,907	114,929	10,005
Program annual admissions (estimated)	324	1,560	492	8,730	600
Ratio of program admissions to system bookings	0.005	0.05	0.002	0.08	0.06
Average length of stay in system (estimated)	21 days	17 days	31 days	70 days	47 days
Clients					
Male	Yes	Yes	No	Yes	Yes
Female	No	Yes	Yes	Yes	Yes
Sentenced	Yes	Yes	Yes	Yes	Yes
Unsentenced	Yes	Yes	No	Yes	Yes
Program approach	Biopsychosocial	Biopsychosocial	Biopsychosocial	Biopsychosocial	Biopsychosocial
Postcustody treatment	Referrals	No Formal	Discontinued	Sometimes	Yes
Postcustody supervision (coordinated or linked)	No	No	Discontinued	Sometimes	Yes

¹ In most local systems, "bookings" include large percentages of arrestees who are released very quickly. For example, in Santa Clara County (which housed the JET program), roughly one-fourth of intakes do not achieve this quick release. These prisoners have an average length of stay of more than 70 days.

The average daily populations of the programs and the systems give an indication of the size of each program relative to the size of the correctional system in which it was housed. The programs varied in size from a 1993 average daily population of 58 to 1,020. It can be seen that the programs were reaching a small number of inmates compared with the number in the jail systems (maximum of 15 percent of the average daily jail population). Annual program admission data indicate that a maximum of 8 percent of the offenders booked annually to these jail systems were admitted to the substance abuse programs, although the programs did reach somewhat higher proportions of prisoners who stayed in custody for more than a few days.

The average length of stay in the five jail systems ranged from just over 2 weeks in Contra Costa County to approximately 10 weeks in New York City. These figures indicate that a substantial number of jail inmates in these systems would not be eligible to participate in the programs, or would not be able to "complete" them based on short lengths of stay.

All program staff considered their approach to be a mixed or an eclectic model, utilizing their skills and techniques to serve the population flexibly. The most commonly agreed upon term was "biopsychosocial," given that all programs attempted to address recovery from a physical, psychological, emotional, and social perspective. There were differences of emphasis among programs. DEUCE and REACH were primarily curriculum based. Others relied more heavily on counseling. Moreover, none of the programs provided the intensity of treatment often found in residential treatment programs and in noncustody settings.

New Beginnings is the only program that has maintained integrated postcustody treatment and supervision for all participants. Those in the REACH program were at one time assisted in arranging followup care, but this component was discontinued in early 1993 as a result of budget cuts. Information on levels and types of offenders' actual postcustody participation in substance abuse programs was, for the most part, unavailable. This is partly because integrated data systems were rare and partly because offenders were often transient and followup attrition rates were high. The difficulty of tracking participants remains a major challenge for evaluations of program effects.

One commonly identified precondition for successful programming is that participants remain separate from the general population in the jail. In all sites studied, substance abuse program participants were at least housed in a separate living unit; in all but one, participants were separated from other prisoners in almost all daily activities.

Participation in all the programs was voluntary. The primary determinants of eligibility were that the inmate have a history of substance abuse and a custody classification level suitable to the program living unit. Three sites also required that there be some minimum period of incarceration (usually 90 days) remaining, although in practice very few individuals were "rejected" using this criterion. Moreover, even offenders who were to stay in jail for 90 days may be unexpectedly transferred or released.

Attempting to serve the many jail inmates with both substance abuse problems and psychiatric issues was viewed by treatment staff as one of the most important problems facing them. These individuals required relatively large amounts of program resources (e.g., staff time) and appeared to do less well in drug treatment than other offenders.

The programs reported to offer many traditional drug treatment services, including group and individual counseling, drug education, self-help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous), parenting, life skills, and relapse prevention training. All except SAID did or continue to do drug testing. Despite the variety of services potentially available to offenders, the programs could not be assumed to provide comprehensive or intensive services to even the majority of inmates. This issue is a critical one, and several reasons for less-than-optimal treatment intervention are discussed below.

Three of the programs were designed to take 3 months from entry to completion; two reported no designated length of stay. Given the short periods of time in jail (both systemwide and for the study sample) and the unpredictability of release, all sites faced serious difficulties in planning for precompletion exits from the program. Among the study sample, the average length of stay in the programs ranged from 54 to 113 days (see table 2). Program "completion" rates ranged from 10 to 68 percent, although completion was defined differently across sites.² The most common reason for exiting programs was release from jail.

The mismatch between length of programs and length of time in jail suggests the need to develop services for those who are in jail for 3 days as well as for those who are in jail for 3 or more months. This effort would require a jurisdiction to examine the average length of stay for different

² Although SAID and New Beginnings have had no specified length to their program designs, the "completion" variable has been relevant to New Beginnings, in that even those who stay in the program for a relatively short time can be awarded a certificate of completion if, in the counselors' view, they have actively participated in the program.

Table 2**Lengths of Stay for Study Sample and Program Completion Rates**

	JET	DEUCE	REACH	SAID	New Beginnings
Average days in jail (including program time)	185	114	97	160	118
Average days in program	108	78	54	80	113
Average days from jail admission to program admission	53	21	35	59	35
Program "completion" rates	67.6%	16.8%	10.4%	N/A ¹	64.0%

¹ N/A, not applicable.

types of inmates. Without this kind of information, gross and perhaps erroneous assumptions may guide the development or the termination of particular services. Additionally, because offenders may spend 3–8 weeks in jail before being admitted to these programs (some “detoxing” upon admission to jail), earlier recruitment should be considered.

All but one of the programs had a “phased” program approach, although for three, movement into the next “phase” of treatment was entirely time based. Therefore, some offenders may not have been exposed to aspects of treatment beyond the most basic ones, because they left jail after only a month of participation. Conversely, many who may not have been “ready” for the next phase were nonetheless moved into it simply because they had participated in the program for 30 days. Only New Beginnings formally incorporated counselor assessment into the phase assignment process.

At all sites except SAID, the program was operated by a noncustody agency. All have offered at least limited cross training of custody and treatment staff. Treatment staff-to-inmate ratios were reported by staff to be between 1:10 and 1:25, with the gender and ethnic makeup of staff not particularly reflecting that of the offenders served. (For example, there were very few Hispanic staff, despite the fact that the Hispanic population in the programs was as high as 40 percent.)

An important issue for most treatment and custody staff was that of custody and program relations. Most program staff believed that it is easier

to “sell” a program to jail administrative staff than to line custody staff, although many line officers who were initially skeptical came to view the program positively. Treatment programs must be able to adapt to the jail setting and accommodate the fact that the priority for the institution is custody rather than treatment. In most cases, the program staff are from another agency and are responding to different imperatives than are custody staff. Lack of jail administrative support was an issue faced daily by many treatment providers.

The profile of sampled program participants varied from site to site. Overall, about one-third of the participants were Caucasian, 38 percent were African American, and one-fourth were Hispanic. Similarly, participants differed regarding education level, employment history, marital status, self-reported alcohol and drug use patterns, and prior drug treatment participation. The average age was fairly consistent across all sites (between 31 and 32 years), although this sample may be slightly older than the “typical” participant in jail drug treatment. Analyses revealed that Caucasian offenders, “older” offenders (i.e., those more than 28 years of age), and those with no previous (self-reported) history of mental illness were significantly less likely to leave these programs prematurely or to be expelled from them.

The last finding should not be surprising, given the substance abuse treatment lore that acknowledges the difficulty in treating those with dual diagnoses (those having both a substance abuse and a psychiatric problem). These findings again emphasize the need to try to help these individuals receive appropriate services within the programs or through a strong ancillary service network. The findings regarding race/ethnicity and age speak to the issue of social and cultural “sensitivity.” The programs as a whole may be more equipped to address the social and cultural issues of nonminorities.

Program staff may also need to focus on the developmental and social issues confronting the “younger” substance abuser. For example, treatment might address issues of young adult development and peer pressure, while countering denial that a high-risk lifestyle can continue for years without taking a significant toll on one’s life.

The infraction rates for these programs were compared with rates for comparable units within the facility. Clear evidence was found that these drug treatment programs have had a very positive effect on levels of serious behavior such as physical violence. Rates of less serious infractions such as insubordination and possession of (nondrug) contraband were also lower in the programs, although the difference was less striking. It appears

then that claims by treatment staff that programs provide a “behavioral management” tool for jails are warranted, and that this should be considered when administrators are deciding whether or not to invest in a jail drug treatment program.

Regarding costs, information was collected on direct service, or treatment costs, and on custody staffing (housing and escort) for program and comparable units. The cost of treatment per prisoner, per day ranged from \$3.48 to \$15.22; differences appear to be related to program intensity, including programming hours per week, and to treatment staff-to-inmate ratios. At one program site, custody staffing levels were reduced for program housing units, with a net savings of 33 percent in custody staffing costs. However, all programs resulted in net additional costs of \$2.49 to \$41.51 per prisoner, per day (excluding program administrative costs). The question of whether jail drug treatment is a cost-effective investment depends in part on the results achieved by the program, whether through reduced recidivism or lowered in-custody incident rates.

Impact Analysis Results

Seventeen percent of the treatment group and 23 percent of the controls were reconvicted at least once during the followup period. Considering time at risk in the community, the probability of reconviction was calculated for each study group and for each site. For the total sample, the probability of being reconvicted was 0.16 for treatment cases and 0.22 for controls. The California sites demonstrated the lowest probability of recidivism for treatment cases, while the two New York sites showed no differences between groups. Effects of treatment were strongest for those with at least two prior convictions, for “older” offenders, and for whites and Hispanics. Among treatment participants, the probability of reconviction was lower for abusers of one drug than for abusers of multiple drugs, for those who did not prematurely leave the programs, and for those staying longer than 1 month.

For treatment versus control recidivists, survival analyses were conducted to determine the amount of time before the “average” offender committed a new offense. Survival functions were similar for both groups, with 50 percent arrested again within 4 months. Recidivists participating in DEUCE had a significantly shorter “survival” rate than those at the other sites (although overall, DEUCE had the lowest recidivism rate of all the sites). Finally, treatment participants were less likely to be sentenced to prison and received slightly shorter sentences.

Summary and Conclusions

It is hoped that the process information presented in this report will be useful in several ways. Several programs have been described in great detail, using standardized data collection procedures. Other researchers may find the methods useful for collecting process data. Insight has been provided into how several different jail drug treatment programs operate, both internally and within the larger correctional institutions.³ Finally, several issues that program and custody personnel found important in their day-to-day operations and delivery of services have been pointed out.

The major factors that appear to limit the potential impact of these programs are:

- Limitations in the comprehensiveness, intensity, and duration of in-custody services.
- The very small numbers of offenders served within the jail systems.
- The mismatch between the “ideal” or the designed length of program stay and the actual length of stay possible given the jail system flow.
- The lack of time and resources to provide extensive prerelease planning and linked aftercare services.

Given the increased costs associated with these programs, any efforts to replicate them should seriously consider these important factors. Treatment models should strive to be more responsive to the often short lengths of stay in jail by providing general information (on substance abuse education and referral) to all inmates while focusing intensive treatment efforts on inmates who are most likely to benefit from and/or be in need of services. Aftercare services should be expanded rather than curtailed, as is so often the case.

It can generally be concluded that these programs had modest positive effects on the probability, but not the timing, of recidivism (for those who committed new offenses) within 1 year of jail release. Because the programs evaluated experienced a variety of service and

³ The extent to which these programs are representative cannot presently be answered. Sites were selected largely on the basis of convenience and amenability to research procedures. No attempt was made to select treatment programs randomly.

implementation constraints, even modest positive results speak to the potential impact of drug treatment in jail. Minority offenders and younger offenders were less likely to be successful in the programs and had higher probabilities of recidivism.

In general, the three California sites showed moderate increases in cost per prisoner, per day, substantial reductions in institutional infractions, and modest reductions in recidivism (see table 3). For one New York program (SAID), additional costs of treatment were minimal, but so were effects on institutional behavior and recidivism. The other New York site (New Beginnings) was relatively expensive and had no effect on recidivism although serious infractions were dramatically decreased within the jail. It appears that the greatest immediate benefit of even these modest programs is in the area of institutional behavior, particularly levels of violence. Each jurisdiction must decide whether or not the additional costs are warranted. Perhaps the programs can be redesigned in ways that minimize costs, yet maximize the potential of successfully treating offenders who appear to be "higher risk." This would include providing drug treatment in ways that are both age-appropriate and culturally appropriate, as well as appropriate for those with both psychiatric and substance abuse problems.

Table 3

Comparison of Costs and Outcomes for Five Drug Treatment Programs

Program	Additional Cost Per Prisoner, Per Day	Difference in Infraction Rates (per 100) for Program vs. Comparison Unit(s)		Difference in Probability of Recidivism	
		Serious	Nonserious		
JET	\$5.98	-34.5	-64.6	-0.13	
DEUCE	\$3.83	Marsh Creek West Country	-19.8 -31.9	0 244.3	-0.11
REACH	\$11.67	-14.3	-38.2	-0.10	
SAID	\$2.49	-7.8	-4.9	-0.01	
New Beginnings	\$41.51	-138.3	-43.9	0	

This evaluation study raises many questions and opportunities for research. Its findings fall generally in line with earlier research reported in Chapter Two and suggest several issues in need of additional research. The findings support the generalization that in-custody substance abuse programs do have an effect on postrelease recidivism and, further, that there is a positive relationship between the duration of the treatment intervention and successful outcome. In addition, the present study highlights an important new finding: Substance abuse programs can contribute to dramatic reductions in behavioral problems and incident reports among offenders in treatment housing units.

Because the programs studied lacked significant aftercare components, this study cannot speak to the frequent finding in the literature that aftercare preserves or extends treatment effects. Likewise, further research is needed regarding what types or modalities of intervention “work” most effectively for what types of offenders. Following are several additional points meriting closer attention:

The present findings show somewhat different patterns of program success, depending on participants’ age, ethnicity, and self-reported drug use and psychiatric history. These findings should be explored further. For example, to what degree can and should programs be tailored to client demographics and to problem severity? Are outcome differences by ethnicity affected by the ethnicity, or cultural competence, or staff?

- More work is also needed to identify the effects of institutional or system factors. To what degree do the imperatives of custody and treatment clash and with what impact on treatment outcomes? Does the support—or reluctance—of custody administrators affect program outcomes beyond the obvious impact of fiscal resources available to the program? For example, is administrative support or skepticism carried on through line-level staff actions and attitudes, or do tensions at the front-line level proceed according to their own dynamics?
- More sophisticated data on program services are needed, both during incarceration and following release. In particular, participating programs need to track more closely the intensity and nature of services offered. Because the intensity of program participation was not measured in this study, the degree to which more intensive intervention is associated with more favorable ultimate outcomes cannot be estimated. The availability of management information systems (MIS’s) would improve the

prospects of obtaining individual-level information on types and levels of actual services received.

- Likewise, more complete postrelease outcome data are needed. Even such gross measures as rearrest and reconviction are not always reliably available. Subtler outcomes, tapping changes in motivation, behavior, and life circumstances of offender/substance abusers are essential to achieving a better understanding of whether, or how, in-custody interventions contribute to the process of personal change. At a minimum, future studies should include resources for obtaining postrelease measures of substance abuse.
- To provide information on cost-effectiveness that is useful to policymakers, future studies should quantify not only the cost of treatment, but also the cost avoidance achieved through positive treatment outcomes. These include social costs of crime; criminal justice costs associated with law enforcement, adjudication, supervision, and incarceration of offenders; and social service costs such as unemployment, disability, etc. These are ambitious tasks but will be worth the time and other resources invested.
- This study suggests the importance of identifying the impact of programs on jail management and operations. Data on prisoner behavior and on the costs associated with disciplinary incidents (including staff time, facility maintenance, and litigation) are potentially very significant, given the often-cited tension between custody and treatment staff in jails. Relatedly, a crucial question is how impediments such as lack of administrative support impact treatment effectiveness.
- To calibrate the impact of jail treatment programs fully, a full experimental design with a randomly assigned control group would be desirable. If this is not practical, better information about offenders is essential. To develop optimally matched treatment and comparison groups for the research, information on prior criminal history as well as prior substance abuse needs to be available. Finally, to achieve a more complete picture of recidivism, future studies should be designed to include a followup period of at least 2 years.

The goal of this study has been to supply administrators, treatment providers, and funding agencies with detailed descriptions and analyses concerning several jail-based drug treatment programs. It is hoped that this work will be useful in deliberations at all levels about starting, continuing, or improving jail-based drug treatment programs.

Chapter One: Introduction

It has been well documented that drug arrests are a major factor in recent increases in jail and prison populations (Austin and McVey, 1989; Blumstein, 1993). The Drug Use Forecasting (DUF) data have consistently shown high rates of drug use among booked arrestees. From October through December 1990, more than half of the arrestees in several participating cities tested positive for illegal substances (Hebert and O'Neil, 1991).

In light of this increase in substance-abusing inmates, there is a growing interest in treatment programs, both in and out of custody. Debate continues, however, regarding the effectiveness of drug treatment programs in reducing recidivism and drug use. Most of the available information is on therapeutic community models implemented in prisons (Chaiken, 1989; Lipton et al., 1990), many of which permit prisoner participation for a year or more.¹ There is much less information about the impact of drug treatment programs in local jails, in which the length of stay (LOS) is typically much shorter. The average LOS for prisoners is 18 months, as compared with about 2 weeks for many jail inmates.

There are also few thorough descriptions of jail treatment programs that describe participants, services, costs, and the impact on inmate misconduct and recidivism. The major purpose of this multisite evaluation project is to provide detailed and systematic descriptions of participants and treatment program components (types of services provided) for a sample of five drug treatment programs in local jails. The project is also aimed at assessing program completion rates as well as 12-month postrelease outcome (recidivism) for program participants versus matched controls. The impact of several offender characteristics on outcome is also assessed.

The goal of the analyses is to provide recommendations regarding the status and efficacy of drug treatment in jails. The policy question relates to the effectiveness of drug treatment programs, but within the context of particular offender characteristics that may influence effectiveness. It is hoped that the results of this study will provide other jurisdictions with guidelines on elements important to successful program

¹ *Therapeutic community* is a somewhat generic term that describes residential self-help, drug-free treatment programs. Most include a rigid structure of day-to-day behavior and confrontational therapies mixed with forms of behavior modification. They can be used as a "surrogate family structure," offering communal support groups (Abadinsky, 1993).

implementation. In this way, they may be useful for future research and program development.

Evaluation Sites

This study involves the description and evaluation of five selected treatment programs:

1. Jail Education and Treatment (JET) program, Santa Clara County, California.
2. Deciding, Educating, Understanding, Counseling, and Evaluation (DEUCE) program, Contra Costa County, California.
3. Rebuilding, Educating, Awareness, Counseling, and Hope (REACH) program, Los Angeles County, California.
4. Substance Abuse Intervention Division (SAID), New York City Department of Correction.
5. New Beginnings, Westchester County, New York.

These sites were selected for several reasons, including their geographical convenience and their amenability to research. They ranged from medium to very large systems and were thus large enough to mount significant program efforts and relatively well-articulated aftercare and/or followup links. Four programs were supported by funding supplemental to the general corrections budgets, and evaluations were able to build on existing internal data collection efforts.

The study sites were also diverse with respect to program history and setting, offenders participating, services offered, and length of stay, which afforded the opportunity of making some interesting comparisons and contributing to a broad-based assessment of different treatment strategies. For example, New Beginnings is a relatively small but intensive program with comprehensive services, including aftercare. In contrast, the SAID program operated within a very large facility serving a great number of pretrial inmates. Additionally, including the REACH program represented an opportunity to evaluate a drug treatment program for an

exclusively female inmate population and compare its services with those serving males or a mixed population.²

Meetings were conducted by senior staff of the National Council on Crime and Delinquency with program directors and staff before or shortly after the final sample of programs was selected. These meetings enabled researchers to become somewhat familiar with program procedures and information systems and to obtain the support and cooperation of facility and program staff.

Report Organization

The report is organized into seven chapters, including this introduction. In the second chapter, a literature review on the topic of jail-based treatment programs is presented, including results of both outcome and process evaluations. The elements identified as important to successful programming are described and some methodological considerations in conducting research of this nature are discussed.

Chapter Three provides detailed narrative descriptions of the five jail treatment programs, including program setting, goals, history, staffing, recruitment and selection procedures, content, and aftercare.

In the fourth chapter, the research design is described, including both impact evaluation and process analysis components. With regard to the evaluation of impact, the relevant research questions, a description of data collection instruments, and the details of how treatment and control subjects were selected (and in some cases interviewed) at each of the five sites are presented. Here evidence is also presented for the comparability of the treatment and control samples, in an effort to rule out plausible a priori differences between the two groups.

In this same chapter, the design of the process evaluation (including the questions to be answered), the procedures developed to collect the program information in a standardized format, and the nature of the data obtained are presented. The final part of Chapter Four is devoted to a discussion of the methodological issues pertinent to the study, including some important limitations.

² Although the programs provided variety in terms of sampling, they were (as stated) selected partially on the basis of accessibility and amenability to research. They do not necessarily constitute a representative sample of jail-based drug treatment programs.

The results of the process analysis are presented in Chapter Five. A number of tables are included to summarize the five programs in terms of setting; eligibility criteria; formal screening and intake procedures; program elements; postcustody links; characteristics of participants, including self-reported patterns of drug use; incarceration information such as length of jail and program stay; and, finally, program completion or termination rates.

Although some of this information is reported earlier in the program narrations, a major contribution of this study is a succinct and standardized presentation format of important program and offender variables that allows for site-by-site comparisons. Throughout this chapter, comments from program staff related to treatment process issues are incorporated. Finally, the relationship of several demographic and personal-history variables, with rates of program completion versus termination, are analyzed.

Chapter Six provides an analysis of institutional behavior (rates of infractions) for program participants versus those in comparison units. Information is provided with respect to the costs of these programs versus comparable units within each facility. Twelve-month recidivism data are analyzed to compare the probability of rearrest/reconviction for treatment and control offenders. For those who committed new offenses, survival functions are presented to examine recidivism over time. For all outcome analyses, treatment and control groups are compared by site and by several offender characteristics (e.g., sex, age, race/ethnicity, criminal history). For treatment participants, the type of program termination is also examined with respect to recidivism.

The last chapter of this report is devoted to a summary of findings and to a discussion of how the findings speak to criminal justice policy regarding substance abuse treatment for offenders in local jails.

Chapter Two: Literature Review on the Effectiveness of Drug Treatment in Corrections

There is strong evidence that substance abuse, criminal behavior, and incarceration are linked (Mays et al., 1991) and, further, that most incarcerated drug users are multiple drug and alcohol abusers who have multiple personal and life problems, including mental illness, troubled family and living situations, and poor reading and vocational skills (Peters et al., 1991; Peters et al., 1992[a]; Lipton, et al., 1992). Research suggests that offenders are less likely than other drug-involved persons to seek treatment. Fewer than a third of jail inmates referred for treatment have received treatment in the past (Hubbard et al., 1989; Peters et al., 1991).

Chaiken's comment about inmates in State prisons could apply equally well to jail prisoners:

Entrenched in a lifestyle that includes drugs and crime, many of these offenders when released are very active criminals . . . Parole doesn't necessarily deter them, as research suggests that the highest rate, most dangerous drug-involved offenders have a history of escaping supervision. Clearly, releasing these types of drug-involved offenders . . . without changing their behavior is offensive to the public interest. (Chaiken, 1989, p. 1)

In a similar vein, Peters et al. concluded that:

. . . the absence of in-jail programs or linkage to community treatment agencies following release from jail means that the vast majority of serious drug abusers return to the street without gaining additional skills to prevent drug relapse. (Peters et al., 1992[c], p. 284)

Current Jail-Based Treatment Programs

Despite the extent of substance abuse involvement by jail inmates, in-custody drug treatment programming in America's jails has been limited. The American Jail Association (AJA) survey of local jails found that in 1987, only 28 percent of local facilities had some substance abuse programming. Only 7 percent had "comprehensive" programs with an integrated array of counseling, education, transition planning, and referral to outside agencies. Smaller jail systems were particularly lacking in substance abuse programs. Less than 7 percent of prisoners participated in

substance abuse programs in jails, and for the majority of these, the primary mode of treatment was an Alcoholics Anonymous (AA) group. On average, prisoners were in the programs for only 5 hours per week (American Jail Association, 1990). By 1992, at least among the largest jail systems in the country, over 50 percent of jails offered some drug or alcohol programs. Participation rates in these programs remained at less than 10 percent, however (Beck et al., 1993). There is considerable evidence that public opinion supports "rehabilitative" programs for offenders (Shapiro, 1990). However, it is also reasonable to assume that fiscal constraints and continuing doubts about program effectiveness still prevent many jurisdictions from implementing programs.

"What Works" in Substance Abuse Treatment

Given that substance abuse is embedded in multiple problems for most offenders, there are real questions regarding "what works"—what interventions will change substance abuse and decrease criminal activity. Many factors, such as unemployment and income status, are predictors of recidivism (Pritchard, 1979) and can limit the success of an intervention. Noting that recovery is a "process, not an event," Sechrest and Josi (1992) commented that:

Substance abuse problems are life style problems. They do not yield to counseling alone, or just to employment, or job training, or other forms of social programs. Success lies in doing many of these things in varying degrees . . . (p. 4).

Prevailing opinion is no longer as pessimistic as the "nothing works" sentiments of the 1970's (U.S. Department of Justice, 1992). Professional policy analysis and evaluation studies, along with commentary targeted at the general public, hold out more hope that treatment can yield positive results (see Falco, 1992). However, there is still relatively little detailed information about "what does work" in corrections interventions (Palmer, 1992). Moreover, given the deep-seated problems of substance-abusing offenders, it seems clear that the most current programs in jails are dramatically insufficient to achieve much impact (American Jail Association, 1990).

The existing literature can be grouped into three categories: (a) commentaries by experienced practitioners regarding the elements of "model" or strong programs; (b) empirical studies of the outcomes achieved by particular programs; and (c) process evaluations of particular programs.

Model Program Recommendations

The National Task Force on Correctional Substance Abuse Strategies (1991, p. 4) noted that “effective approaches” have several common characteristics:

- Clearly defined missions and goals, admission criteria that target appropriate participants, and an assessment strategy for those seeking treatment.
- The visible support and understanding of key administrators within the agency, as well as of those line staff with whom the program must interact.
- Consistency in intervention strategies facilitated through formal and informal links with other agencies as an offender moves through the system.
- Staff who are well trained and who have an opportunity for ongoing professional education.
- Continuous evaluation and development on the basis of both outcome studies and process data.

With regard to specific treatment elements, the task force recommended (1991, p. 27):

- Individualized multidisciplinary treatment plans.
- Matching of offenders with supervision, control, and treatment programs appropriate to their assessed needs.
- A full range of services, from drug education to intensive residential treatment.
- Drug education for all offenders.
- Prerelease treatment programming.
- Integrated treatment/custody staffing.
- Use of incentives and sanctions to increase prisoners’ motivation for treatment.

- Self-help groups as an adjunct to treatment and for aftercare.
- Targeted programs for special-needs populations.
- Education and treatment for relapse prevention.

Other commentaries have provided similar lists (drawn largely from experience with prison-based programs). Effective programs have been characterized as intensive and multifaceted, addressing the multiple problems of offenders (Sechrest and Josi, 1992; Chaiken, 1989; Lipton et al., 1990; Field, 1989). Programs should address practical problems and living skills (Chaiken, 1989; Wexler et al., 1990). They should have strong screening and referral capabilities (Peters, 1992) and classification procedures linking offenders to treatment suited to their particular substance abuse problems (Hepburn, 1994). Peters and May (1992, p. 44) note that the AJA demonstration programs provide “comprehensive assessment, drug education, group and individual counseling, vocational and educational activities, and case management including work to develop a followup treatment plan and linkage with the courts and with community drug treatment programs.”

It has also been sometimes noted that specialized programs should be developed for women, focusing on particular maternal, vocational, and health needs and addressing issues regarding abuse and relationships with significant others (Wellisch et al., 1993; Marsh and Miller, 1985; Bollerud, 1990).

To accommodate the multiple activities and to avoid influences inappropriate to the therapeutic environment, analysts recommend that substance abuse programs be freestanding, separated from the general incarcerated population (Lipton et al., 1990; Chaiken, 1989). Only 12 percent of the in-jail drug programs identified in the 1989 AJA survey were housed in a unit that was isolated from the general inmate population. The proportion was only 4 percent of programs in jails with 250 or fewer inmates (Peters et al., 1992[c]).

Program links should be directed outside the incarceration facility to community treatment resources for transition and aftercare (Lipton et al., 1990; Chaiken, 1989; American Jail Association, 1990). As noted by Peters and May (1992, p. 45), “a major objective of (the) model demonstration program(s) is to provide a graduated reentry to the community, with the goal of assisting the offender to remain abstinent from drugs during the first several months following release.”

Although this remains a somewhat disputed issue (Flaherty, 1992), many commentators have recommended the use of ex-offenders and ex-addicts as program staff, along with staff from professions other than corrections (Chaiken, 1989; Lipton et al., 1990; Wexler et al., 1990). In turn, this underscores the need for cross training and other special measures to ease problems between custody and treatment staff (Sechrest and Josi, 1992) and for strong administrative support for the substance abuse program by facility managers (Lipton et al., 1990). Likewise, it has been deemed essential that program rules and the consequences of rule breaking be clear and that authority be consistently maintained by staff (Wexler et al., 1990).

Treatment and Recidivism Outcomes

Given both the multiple problems of substance-abusing offenders and the extensive list of elements of strong programs (which may be regarded as preconditions for successful intervention), empirical evaluation of programs is inherently difficult.

Despite this difficulty, there is some evidence that treatment can affect recidivism (Murray, 1992; Shapiro, 1990; Anglin and Hser, 1990). For example, results of the Treatment Outcome Perspective Study (TOPS) (Hubbard et al., 1989) and the Drug Abuse Reporting Program (DARP) (Simpson et al., 1982) showed significant reductions in arrests. The DARP study involved interviews with 990 opioid users approximately 6 years after their admission to community-based treatment programs. Of these, 61 percent reported being drug free for at least a year prior to the followup interview. The drug-free group had "significantly better long-term outcomes on criminality, use of nonopioid drugs and alcohol, and productive activities." The authors concluded that "behavioral improvements over time were strongly associated with participation in drug abuse treatment."

Lipton et al. (1990) noted that therapeutic communities (TC's) show the greatest success:

With respect to community-based therapeutic communities, over 20 years of program-based and multi-modality studies have yielded an impressive knowledge base concerning the modality. Simply stated, over 40 percent of clients formally treated in TC's maintain favorable outcomes to the most stringent criteria (no illicit drug use and no crime), and an additional 30 percent improve over their pretreatment status (p. 10).

However, there have been relatively few evaluations of the effects of in-custody substance abuse programs, and most of these address prison- rather than jail-based programs. Almost all the prison-based interventions studied have been therapeutic community programs. There have been fewer data on the outcomes of other intervention approaches, such as drug education and information, self-help approaches to drug- and alcohol-free lifestyles, or counseling (Lipton et al., 1990 and 1992).

Lipton et al. (1992) argued that drug education programs are provided “on the premise that persons using drugs . . . lack information about the drugs or the consequences” of use. Noting that most users are “fairly sophisticated street pharmacologists,” they concluded that education programs are most appropriate for younger drug users, occasional users, or those just beginning to experiment with drugs.

Lipton et al. (1992) also noted that little evidence exists beyond anecdotes regarding the effectiveness of self-help groups, although the social support systems these programs provide may be an important adjunct to more intensive programs. They further argued that individual counseling has been shown to produce positive psychological changes but that success in reducing recidivism is largely unsupported. They concluded that more intensive group counseling and milieu therapy (i.e., therapy in an intensive treatment environment) are needed for chronic drug abusers.

Prison Programs. Wexler et al. (1990) conducted the leading study of prison-based TC's, an evaluation of the Stay 'N Out therapeutic community programs for male and female prisoners in New York prisons. The research utilized a quasi-experimental design to compare TC participants (435 males, 247 females) with two comparison groups: other prisoners who volunteered for the program but never participated (159 males, 38 females) and prisoners in other prison-based drug treatment programs, including counseling (261 males, 113 females) and milieu therapy (573 males). Of the treatment modalities, the TC was the most highly structured and intensive, while counseling was limited both in intensity and duration. Among males, milieu therapy lasted, on average, 1 month longer than TC participation (8.2 months versus 7.2 months, respectively), and both were of significantly greater duration than counseling (average, 5.3 months). Among females in the study, participation in the TC lasted over 1 month longer than participation in counseling (6.5 versus 5.3 months, respectively).

Outcome variables included parole outcomes (rearrest vs. successful discharge from parole) and time until first arrest. Among males, the TC was “substantially more effective in reducing the percentage arrested than

the comparison treatment groups and the no-treatment group," although the mean time to arrest was greater for the no-treatment group than the TC group. Among females, the TC group was "significantly more effective in reducing the percentage arrested in comparison with the counseling group," but there was no statistical difference between the percentage arrested in the TC and no-treatment groups.

Further multivariate analysis found that among TC participants, time-in-program (for males and females) was strongly correlated with reduced rates of recidivism and increased time until arrest. Other treatment modalities did not show the same effects. The authors concluded that "the TC was effective in reducing recidivism, and this positive effect increased as time-in-program increased but tapered off after 12 months" (Wexler et al., 1990, p. 89).

Field (1989) found similar outcomes in a study of participants in the Cornerstone program, a modified therapeutic community for Oregon State prisoners. This study compared postrelease arrests for program graduates ($N = 43$), nongraduates who completed at least 6 months ($N = 43$), nongraduates who completed between 2 and 6 months ($N = 58$), and nongraduates who left before 2 months ($N = 65$). As the author noted, one limitation of this approach was that it did not control for motivational differences: the inmates who remained in treatment longer may have been more motivated, which may in turn have influenced outcome results.

Over a 3-year followup period, program graduates had the lowest percentage of the groups in arrests (63 percent), convictions (49 percent), and new prison time (26 percent); nongraduates who left before 2 months had the highest rates of rearrest (92 percent), conviction (89 percent), and new prison time (85 percent). Despite the methodological limitations cited above, Field concluded that the Cornerstone program demonstrated a positive effect in decreasing (although not eliminating) criminal activity and that time in intensive treatment positively correlated with measured decreases in criminal activity (Field, 1989, p. 55).

Inciardi et al. (1994) reported promising initial 6-month followup findings regarding treatment programs in a State prison (The Key) and in a subsequent residential work-release center (Crest Outreach Center). The initial comparisons showed that program participation appeared to be related to reductions in relapse and that prisoners who were in both prison and work-release treatment programs had the lowest relapse rates. (Of prisoners who graduated both from The Key and Crest, 90 percent were drug free through 6 months.) The authors expected that relapse rates would climb over the full 18-month evaluation period but that "the largest

proportions of drug-free clients will continue to be those who participated in the three-stage Key-Crest program.”

Jail Programs. Although studies have suggested that intensive prison-based programs can successfully reduce recidivism, questions remain regarding how applicable and feasible these programs are for local jails. Although many prisoners stay in jails for several months, overall lengths of stay are much shorter in jails than in prisons; programs designed to reach significant numbers of jail inmates are thus likely to be of much shorter duration than the 6- to 12-month prison programs. Particularly in smaller local systems, it also may be difficult to create the separate space and other resources needed for intensive, self-contained substance abuse treatment programs. Can shorter jail programs, including curriculum-based (drug education in classroom settings) and other nontherapeutic community approaches, decrease subsequent drug use and/or criminal behavior?

As noted earlier, there is very little empirical evaluation of jail-based programs. The primary exception to this, a study of demonstration projects in Pima County, Arizona, Cook County, Illinois, and Hillsborough County, Florida, was beset by data collection and other methodological problems (Peters et al., 1991 and 1992[b]). Only the Florida site afforded data adequate to test the outcomes of the program (Peters et al., 1991).

The Hillsborough program provides a structured 6-week mix of individual and group treatment, educational and vocation programs, self-help groups, self-management and problem-solving skills development, and transition/aftercare planning. Prisoners in the substance abuse program typically reported chronic and significant drug use. In addition, more than 40 percent of the participants in the program experienced psychological problems in the month prior to admission.

To evaluate treatment outcomes, arrests were tracked for 1 year following release from jail for treated prisoners ($N = 168$) and for a group of prisoners who had requested but did not receive treatment, due to lack of space in the program ($N = 252$). Although the treatment and control groups were similar in most demographic respects, the treatment group had, on average, significantly more arrests in the year prior to incarceration.

The Hillsborough program only moderately reduced recidivism, and the magnitude of impact waned over time. During the 1-year followup period, 68 percent of control cases were rearrested, compared with 63 percent of treatment cases. Although this difference was not significant, significant differences were found in the time to initial arrest following

release; the mean time to initial rearrest was 221 days for treatment cases and 180 days for control cases. During the year following release, treatment cases served significantly less jail time (mean = 32 days) than did control cases (mean = 45 days).

In short, the impact of the relatively short-term Hillsborough program was to delay, but not significantly reduce, recidivism. This may suggest the need for strong aftercare treatment for offenders coming out of jail-based programs to maintain the effects of in-custody treatment.

Some evidence for this hypothesis is provided in a study of a TC for "driving while intoxicated" (DWI) offenders in Memphis (Little and Robinson, 1990). The Alcohol Treatment Unit (ATU) is one component of the Drug Offender Rehabilitation (DOR) program operated at the Shelby County (Tennessee) Correctional Center. In addition to traditional therapeutic community practices, the ATU uses a process called "moral reconnection therapy," characterized as "a systematic treatment system designed to foster social and moral growth."

The evaluation of the ATU included tracking cases for 2 years following release from jail. Groups tracked included the treatment group (115 males), a comparison group (24 males who graduated from the ATU and attended an aftercare program), and a control group (65 males sentenced for DWI who applied for ATU but did not enter because of limited bed space). In the 2 years following release, 16 percent of the control group were rearrested for DWI, compared with 10 percent of the treatment group and only 4 percent of the group who also received aftercare treatment. Similar results were noted regarding reincarceration (for any offense): 22 percent of the control group, 14 percent of the treatment group, and 8 percent of the group who received aftercare services were incarcerated.

An evaluation of the Santa Clara County (California) Elmwood Deuce Program (EDP) showed mixed, although predominantly positive, results (EMT Associates, Inc., 1992). EDP is an 8-week in-custody educational and skills development program for alcohol and other drug abusers. Using a quasi-experimental design, over 400 treatment clients and slightly under 400 comparison cases were tracked for 2 years or more. About half of each sample was interviewed during, and at intervals following, incarceration. Criminal history and substance abuse program records were reviewed for all cases.

Rates of recidivism (in alcohol- or drug-related offenses) were significantly lower for male participants than for the comparison cases; the

mean interval without an alcohol- or drug-related arrest was 164 days longer for male clients than for comparison cases. There were, however, no significant differences between female treatment participants and comparison cases regarding rates and timing of rearrest.

Both male and female participants utilized followup community recovery programs at higher rates than comparison cases, and self-report data suggest that participants had higher rates of abstinence from alcohol than did comparison cases. (Similar positive results were not seen regarding other drugs.) Self-report data also indicate that participants were more likely than comparison cases to perceive that their lives were improved in regard to work, family, and friends.

In summary, there is some evidence that in-custody treatment can reduce, or at least delay, rearrest and that aftercare participation can help reduce recidivism rates. Given the small number of studies, however, it is impossible to reach any firm conclusions. To evaluate the effect of jail-based programs fully, more extensive research into program outcomes is needed. Studies should examine the association between length of treatment, type of treatment, provision for aftercare, and other potentially important variables and outcomes such as posttreatment recidivism and relapse.

Process Evaluations

In addition to the lack of conclusive “outcomes” research, there are few process evaluations of local substance abuse programs. In light of the numerous imputed preconditions to strong programming (summarized above), it is important to identify whether programs fall short of those conditions. Moreover, process evaluations that track measurable changes in offender attitudes and behavior while participating in programs can contribute to the understanding of postprogram performance.

Sechrest and Josi (1992) conducted an analysis of three substance abuse programs: Amity RightTurn at Donovan (a California State prison); Recovery Dynamics at El Centro (a California Youth Authority facility); and a Riverside County, California, program at the Banning Rehabilitation and Counseling Center. The evaluation schedule did not permit an outcomes analysis. The report focused, instead, on process variables: program operations, staffing, and administration. The authors concluded that the programs needed:

- Clearly defined goals and objectives for both staff and participants.

- Improved or expanded community reintegration components.
- Expanded involvement of private-sector organizations in counseling, mental health services, and the provision of support services in the community, such as job training and job development.
- Better program evaluation, linked to specific program goals understood by program, department, and evaluation staff. (Sechrest and Josi, 1992, p. 3).

With regard to the jail-based program at Banning, the authors also recommended improved data collection, simplified selection processes, expanded programming hours, and coverage on weekends by counseling staff (Sechrest and Josi, 1992, pp. 26–27).

In a separate assessment of the Amity RightTurn program at Donovan prison, anecdotal evidence suggested that “prison behavior incidents” were less serious in a treatment housing unit than in presumably comparable units housing general population prisoners (California Department of Corrections, 1992). Although this study is not conclusive (given limitations in the methodology), it does point to issues that facility administrators consider important in evaluating in-custody treatment units.

Peters et al. (1991, 1992[b], and 1992[c]) conducted a process evaluation at Florida’s Hillsborough County site and summarized process analysis results at the Pima County (Arizona) site. In Hillsborough County, several individual evaluation instruments were administered at jail intake and again at the completion of treatment in order to assess the degree to which participants became more knowledgeable and more skilled in managing high-risk situations. One measure was the Problem Situation Inventory (PSI), developed at the University of Washington. The PSI was designed to assess reactions to high-risk situations likely to be encountered by drug abusers when released from custody. Using a shortened version of the PSI, the researchers found a significant improvement in posttreatment scores. Participants also showed significant improvement between pre- and postprogram scores on a substance abuse test developed by the program administrator and designed to measure information regarding relapse prevention, drug and AIDS education, and recovery issues.

Hillsborough also administered self-efficacy measures (the Situational Confidence Questionnaire) before and after program participation. Results showed “significant changes in self-efficacy,”

particularly in “areas related to managing urges and temptation and to positive interpersonal situations” (Peters et al., 1991, p. 46).

At the Pima County site, participants were given four self-administered instruments designed to measure a series of personality characteristics thought to be associated with substance abuse. Participants were tested at the beginning and conclusion of the treatment program. Male participants showed significant improvement in self-esteem, significant reductions in depression, and significant reductions in anxiety. Participants did not evidence change on the Socialization Scale of the California Personality Inventory (Peters et al., 1991, pp. 48–50). Female offenders showed similar, although less marked, changes.

The Pima County site staff also administered followup testing (on a limited sample of offenders) 6 months following release from the treatment program. Results were mixed. Female offenders’ scores indicated a return to pretreatment levels of functioning regarding self-esteem and anxiety. Male offenders maintained the posttreatment level of functioning.

In short, there is evidence that program participation has some impact during treatment. However, much further study is needed to determine whether the gains realized during treatment carry on after release and whether the in-treatment gains are correlated with reductions in postrelease relapse and recidivism.

Methodological Issues

There are several methodological challenges in conducting evaluations of jail-based treatment programs. Fletcher and Tims (1992) summarized the potential “threats to internal validity.” These include “history” (i.e., events between treatment and posttreatment measurement that influence outcomes), “maturation” of offenders (which of itself may yield a decline in criminal and substance-abusing behavior), and other changing motivational states.

Most existing evaluations focus on manifest behavioral outcomes—arrests and drug use relapse—over a relatively short posttreatment period. As noted above, however, recovery is a “process, not an event,” and success may be seen in subtler or partial achievements. For example, if an intervention postpones recidivism, that may be counted a success: from a public policy perspective, criminal justice and other costs are avoided; and from the individual offender perspective, delayed recidivism may represent an extended period of comparative health.

“Effectiveness” is also partly a matter of expectation. As noted by the National Task Force on Correctional Substance Abuse Strategies (1991, p. 7):

Substance-abusing offender populations can be expected to have high rates of failure. Because of other problems, a high failure rate with difficult offenders may occur even when the substance abuse program is working well. Similarly, a low failure rate may simply mean the program has screened out the most difficult offenders.

Use of adequately designed control groups partially overcomes this criterion problem, because outcome differences between the treatment and control samples at least calibrate the effects realized through the treatment.

For studies of treatment programs, it is desirable to construct control groups of individuals matched with the treatment sample, not only on variables hypothesized to be predictive (such as prior criminal history), but also motivation. Thus, it is typically urged that control groups be drawn from offenders who volunteered for treatment but were unable to participate for external reasons, such as lack of space in the program (Wexler et al., 1990, p. 73; Little and Robinson, 1990, p. 14).

Existing evaluations are typically limited in the number and complexity of variables studied. Most have measured only the overall outcome of a program for a group of offenders. Full understanding of the effectiveness (or lack thereof) of a program requires a more differentiated approach that can identify the significance of particular program elements for particular offenders (Palmer, 1992, p. 167). As one example, note the comment by Lipton et al. (1990, p. 16) that “failure to look at time in treatment is almost always bound to mask important findings and to yield spurious no-difference outcomes.” As noted above, other variables that may have some causal or interactive bearing on program outcomes include screening methods and participant characteristics; nature of drug use; physical location of the program; treatment staff’s skills, commitment, and stability; treatment strategies and activities; level of administrative support; and level of aftercare services.

The amount and type of data available limit the evaluation questions that can be asked. Data on arrests and drug usage are more accessible than data on subtler attitudinal and emotional variables, and reliable data about criminal activity are difficult to develop. Rearrest

incidence may reflect local policy or simple happenstance, and official reporting systems are often flawed and incomplete (Peters et al., 1991).

If resources permit, official information on arrests and drug use can be supplemented by self-report data. This, too, is probably not fully reliable (Wish et al., 1988). Drug testing data from The Drug Use Forecasting (DUF) program suggest that arrestees "routinely underreport their drug use" (Hebert and O'Neil, 1991).

Summary

Incarcerated drug users tend to be abusers of multiple drugs with a myriad of social and psychological problems. The majority are at high risk for relapsing and for continuing their criminal activity. Jail drug programs may have the potential for helping to break the drugs-crime cycle, yet data regarding specific important elements remain sparse.

Some general recommendations for effective approaches include having clearly defined goals, support from jail administrators and line staff, strong aftercare links, and the ability to match offenders with services appropriate to their needs. Although the extant literature suggests that programs should be intensive and multifaceted, fiscal constraints and doubts about program effectiveness lead to situations where important service components, such as aftercare, are not included in the original design of the program or are the first to be curtailed.

Although empirical evaluations of jail programs have proved to be difficult, there is some evidence that drug treatment in jail can have a positive effect on recidivism, perceptions of self-efficacy, and mood states such as depression and anxiety. Outcome effects, which have been shown to wane over time, tend to be correlated with length of time in program and with participation in aftercare.

The small number of studies available to date makes it impossible to reach firm conclusions regarding the effectiveness of drug programs in jails. Additional research with respect to both content and outcome is needed. A fuller understanding requires the identification of the significance of particular program elements for particular offenders.

The analysis of outcomes is an important goal of researching jail-based drug treatment programs. Equally important for the field, however, is to describe several types of these programs thoroughly and to gather information systematically concerning their content, their settings, and the various issues confronting those attempting to provide treatment. In this way, comparisons can be made between the "ideal" or "model" programs and the programs that must function within present political and economic realities.

Chapter Three: Program Descriptions

This chapter begins with a brief description of each of the five programs, followed by information summarizing their characteristics, including the populations served, the size of the program relative to the system, and the general program approach. The rest of the chapter consists of comprehensive descriptions of each program.

The descriptions focus on the operation of the programs at the time the data were collected. However, these programs changed over the course of the evaluation and continue to change. Budgetary and other considerations are in flux, and, thus, the descriptions include commentary on recent changes in programs.

Summary of Programs

The Jail Education and Treatment (JET) program was in one unit of the Elmwood Correctional Facility, the main facility for sentenced inmates in Santa Clara County, California. The County Bureau of Alcohol and Drug Abuse Programs managed the JET program, under a cooperative agreement with the Department of Correction and the Adult Education Department of the local school district. The counseling components of JET were defunded in June 1993, and the curriculum-based components were expanded and placed under the administrative aegis of the local school district. At that time, the program was renamed "Bridge."

The Deciding, Educating, Understanding, Counseling, and Evaluation (DEUCE) program is sponsored by the Sheriff's Department of Contra Costa County, California, and the Office of Education. The program is offered at two of the County's three detention facilities: Marsh Creek, a 360-bed facility for sentenced males with a minimum-security classification, and the West County Justice Center, a 560-bed medium-security facility for male and female pretrial and sentenced inmates. Program participants are housed away from the general population.

The Rebuilding, Educating, Awareness, Counseling, and Hope (REACH) program evaluated here was at the Mira Loma Correctional Facility, part of the large Los Angeles County jail system. The program was transferred to the Sybil Brand Institute when Mira Loma closed in July 1993. The facility was 1½ hours north of Los Angeles and housed both male and female inmates. The women's unit housed minimum-security and low- to medium-security female inmates with sentences of 1 year or less for nonviolent offenses. Almost all REACH participants resided in one

dormitory, which was separated from the rest of the women's unit by a security fence. REACH classrooms were in two trailers. They were staffed by personnel from the local school district, the Sheriff's Department, and, until the last year of operation, the Probation Department.

The Substance Abuse Intervention Division (SAID) program, operated by the New York City Department of Correction (DOC), houses about 18,000 prisoners. The bulk of the DOC population is housed on Rikers Island. SAID provides substance abuse services to 32 of the 50 housing units on the island. Female participants are housed in a separate modular unit called the Rose Anne Singer Facility.

Finally, New Beginnings is a structured program serving men and women within the Westchester County, New York, Department of Correction complex. Participants are housed in facilities separate from the general population. The male program occupies four dormitories and the female program two trailers very close to the women's dormitory. The program is directed by the County's Medical Center for Correctional Health Services, with custody provided by the DOC.

Table 3.1 presents information that summarizes the size of the programs in relation to the size of their correctional systems, the type of client served, and the program approach. DEUCE, SAID, and New Beginnings serve both males and females. JET was an all-male program and REACH an all-female program. With the exception of REACH, all serve (or did serve) both sentenced and unsentenced individuals.

Although the SAID program is available to both men and women, as well as to those with either a sentenced or unsentenced status, the sample of participants was drawn from one major component of SAID: that serving the large population of adult male detainees housed within the George Motchan Detention Center. However, unless otherwise stated, process or program descriptions refer to SAID as a whole.

The average daily populations of the programs and the systems give an indication of the size of each program relative to the size of the correctional system in which the program resides (or did reside). With the exception of REACH and DEUCE, all programs showed an increasing average daily population from 1991 to 1993. All but one system showed declines in average daily populations. From these data, it can be seen that the treatment programs were reaching a small number of inmates compared with the number in the jail systems. Common estimates are that 80 percent of the jail population in the United States have drug problems, yet the programs serve a much smaller percentage (maximum of 15 percent of those in the local jail system).

Table 3.1
Program Summaries

	JET	DEUCE	REACH	SAID	New Beginnings
Year started	1989	1986	1991	1989	1988
Program average daily population					
1991	51	210	70	995	83
1993	64	200	58	1,020	107
System average daily population					
1991	4,100	1,550	22,000	22,000	1,300
1993	4,000	1,375	20,300	18,000	1,400
Clients					
Male	Yes	Yes	No	Yes	Yes
Female	No	Yes	Yes	Yes	Yes
Sentenced	Yes	Yes	Yes	Yes	Yes
Unsentenced	Yes	Yes	No	Yes	Yes
Program approach	Biopsychosocial	Biopsychosocial	Biopsychosocial	Biopsychosocial	Biopsychosocial
Main emphasis of program	Initially counseling, later education	Curriculum-based educational	Curriculum-based educational	Modified therapeutic community	Intensive educational and experiential
Hours per week in program (organized or supervised activities) as reported by staff ¹	26.5	30	30	76	70
Postcustody treatment	Referrals	No formal	Discontinued	Sometimes	Yes
Postcustody supervision (coordinated or linked)	No	No	Discontinued	Sometimes	Yes

¹ These hours may include activities that are not clearly therapeutic.

In attempting to label the approaches to treatment, all program staff considered their approach to be very much a mixed or eclectic model utilizing the various skills and techniques of staff members to serve the population in a flexible manner. The most commonly agreed upon term was “biopsychosocial,” given that all these programs attempted to address recovery from a physical, psychological, emotional, and social perspective. Treatment providers objected to terms such as “intensive therapeutic community” (ITC). Although some ITC components were used, they believed that the label implies a confrontational model and oversimplifies the variety of therapeutic techniques employed (e.g., cognitive therapy, Twelve-Step, disease conceptions). Some providers of jail-based drug treatment saw themselves as “pioneers of a new frontier,” with freedom to develop programs based on a combination of methods rather than on the old, established methods of a therapeutic community model.

The postcustody treatment variable summarizes the links with aftercare services. “Referrals” mean that the program made referrals as part of the postrelease treatment plan, although the referral agencies were not a formal part of the program. A “yes” response indicates that specific postcustody treatment was an integrated element of the overall intervention. Related to this is the variable “postcustody supervision.” Although many in-custody program participants leave jail under probation or parole supervision, a “no” response indicates that there are (or were) no formal links between the in-custody program and the postcustody supervision.

As can be seen in table 3.1, New Beginnings is the only program that has maintained integrated postcustody treatment and supervision for all participants. Although those in the REACH program were at one time assisted in locating and arranging for live-in or outpatient followup care, this component was discontinued in early 1993 as a result of budget cuts. All program providers agreed that integrated postcustody services or aftercare would be ideal. In most programs, however, budget limitations have barred any formal postcustody links.

JET, Santa Clara County, California

Overview

The JET program was a residential alcohol and drug treatment program located at the Elmwood Correctional Facility in Milpitas (Santa

Clara County), California. It was the first element to be funded and implemented within Santa Clara County's Comprehensive Offender Drug Abuse Programming (CODAP) system.

JET was designed as the in-custody element of the CODAP system. Managed by the Criminal Justice Treatment Division of the County Health Department's Bureau of Alcohol and Drug Abuse Programs, CODAP also included a transitional program (Next Step) and community-based programs (Treatment Alternatives Program and Women's Criminal Justice Services). The Bureau also operates the DEUCE program, a long-term intervention program for male and female inmates with conviction histories of driving under the influence of alcohol or other drugs. In addition, the Department of Correction fields several other substance abuse programs, which had total average daily populations (exclusive of Alcoholics Anonymous and Narcotics Anonymous) of about 500 in 1993.

Initiated in 1989, JET was supported by County general funds until fiscal year 1992-1993, at which point funding was provided through the Inmate Welfare Fund. Budget problems forced the reorganization of JET for fiscal year 1993-1994, and Milpitas Adult Education assumed responsibility for the program (renamed "Bridge"). Counseling components were deemphasized, and curriculum-based activities were expanded from 15 to 26 hours per week. This evaluation focuses on the original JET program. JET had an average daily population of 60 to 64 participants, in a jail system with about 4,000 prisoners. Participation in JET was limited to males in both pretrial and sentenced status.

Program Setting

JET was located in a new generation, medium-security facility. Most of the cells in the unit were double cells, but a few were reserved as single cells. The program opened in 1989, within a much larger correctional complex. The JET unit was self-contained; prisoners had little interaction with the general population. However, all program activities occurred within a common dayroom, with limited "breakout" group space. Supervision in the facility was direct, with custody officer stations located in housing modules and with no enclosed control stations. As a correctional facility, the unit was well designed; even at full capacity, it did not appear overcrowded and was modern and well maintained.

Program Goals

JET's primary goal was to reduce the rate of recidivism and substance abuse among Santa Clara County criminal justice clients. This goal was addressed through provision of:

- Services to incarcerated drug offenders to effect change in knowledge, attitude, and behavior.
- An avenue for the client, through JET, to achieve early release or noncustodial status.
- Ninety-day out-of-custody reentry treatment services, through the "Next Step" program, on program completion.

Program History

JET was initiated in 1989. By 1992, the total CODAP budget was approximately \$400,000 per year, of which roughly \$300,000 was for JET. As noted above, the growing county fiscal crisis in California forced the transfer of funding from general county resources to the Inmate Welfare Fund and, ultimately, the closing of the program. Other elements of the CODAP system were also limited by funding constraints. Community-based aftercare slots were oversubscribed, and the "Next Step" component never achieved the level of service and participation initially intended.

In the development and implementation of the program, there were ongoing conflicts of priorities and program philosophies between the Bureau of Alcohol and Drug Abuse Programs, which operated the program, and the Department of Correction, which housed it. The Department of Correction had been very active in the development of a wide variety of program approaches for prisoners, but in specific regard to substance abuse programs, some officials in the Department preferred curriculum-based (drug education in a classroom environment) and school-funded substance abuse programs.

There were also conflicts around operational needs, or as one custody administrator characterized it, over "who controlled the inmates." For example, JET occupied "premium" high-security housing; the Department of Correction occasionally placed prisoners in the unit to relieve crowding in other units, even though this worked against the therapeutic environment the JET program staff were attempting to nurture. On the other side, custody administrators believed that JET staff were impatient with normal jail routines that interfered with program delivery.

In the custody administrators' view, JET staff seemed to be asking for special privileges.

Other areas of disagreement arose regarding the handling of disciplinary issues. Custody personnel sometimes disagreed with the program's policy of trying to build self-discipline by resolving incidents internally, rather than through outside intervention by custody or program staff. According to JET personnel, this conflict was more intense with custody staff assigned to the unit temporarily than with those who worked in the unit regularly.

Staffing

JET staff included a program director, with responsibility for both the JET and local DEUCE programs, four full-time rehabilitation counselors (one of whom was designated lead rehabilitation counselor), and one educator. The local education district provided additional services such as substance abuse education, art, physical education, and general equivalency diploma (GED) preparation to JET (as it did for other custody units). A full-time clerk-typist was also assigned to JET. In a direct supervision module, JET also had full-time coverage by a custody officer, whose post was in the program's common dayroom space.

Recruitment and Selection of Participants

All referrals to JET were from criminal justice entities, including the courts, parole, probation, and corrections. Participation was voluntary, although for some individuals, sentencing agreements included a requirement for participation in JET to earn early release from jail.

In selecting prisoners for JET, DOC classification personnel screened potential participants based in large part on a custody-level classification system and in part on an assessment of program needs. Although JET program staff had no formal veto over prisoners assigned to the program, in practice, program staff could discuss problems with custody staff to seek resolution.

Conversely, when program staff knew that a place in the program was about to open, the lead rehabilitation counselor would seek applicants in conversations with prisoners in the general population. JET was formally designed as a 90-day program serving medium-security men only. Less formally, JET served sentenced and unsentenced men and parole violators. A substantial number of JET participants left the program to be transferred directly to State prison.

Program Content

JET was technically a four-phase program, although phases 1, 2, and 3 had no real differences. The phases referred simply to 1-month periods in the program. The core of the JET curriculum was based on a 90-day psychoeducational curriculum. The curriculum was open-entry, open-exit, and recycled every 90 days. Phase 4 was for prisoners who had completed 90 days in the program but had time remaining on their sentences. These “alumni” performed mentoring and teaching assistant roles as senior residents.

JET was a “modified” therapeutic community. In contrast to traditional therapeutic communities, JET was less confrontational and intensive; treatment staff were not on-site 24 hours a day and the program did not have a residents’ council. JET did, however, have a representative group of participants who would bring problems to the attention of staff and do some problemsolving and dispute resolution.

JET services included individual counseling, group work, self-assessment, parenting groups, job workshops, Twelve-Step or similar groups, individual study, and literacy classes. Education in chemical dependency, physical education, and art therapy was also offered, along with Narcotics Anonymous and Alcoholics Anonymous meetings in Spanish and English. Individual treatment plans were developed and followed throughout the course of the participants’ stay. Urine testing was mandatory.

Aftercare

Exit planning was a case management process in which the full range of community services was considered. JET graduates were not automatically required to enter into aftercare programs. Coordination with probation for aftercare was informal. Probation did not participate in aftercare planning decisions, nor was aftercare participation routinely included in the conditions of probation. JET case planning did take the form of referrals and often resulted in a letter from the program to the probation officer encouraging support for the aftercare plan.

DEUCE, Contra Costa County, California

Overview

The DEUCE program is a curriculum-based substance abuse program cosponsored by the Contra Costa County Sheriff’s Department

and the County Office of Education. One of the first jail substance abuse programs to be located within a housing unit exclusively for program participants, DEUCE was initially designed for drunk drivers with multiple offenses. Subsequently, the program expanded to include inmates with a variety of substance abuse problems, including offenders addicted to multiple drugs. DEUCE is a voluntary program, available to prisoners classified for housing in the county's lower security facilities. Participants include both male and female inmates, and although the program is designed primarily for sentenced inmates, pretrial prisoners can also participate. In the county adult system, with total prisoner populations of about 1,400 to 1,500, the average daily population in DEUCE is approximately 200. During the program's history, however, the population has fluctuated from 170 to nearly 300.

Program Setting

DEUCE is currently offered at two sites: the Marsh Creek facility for sentenced prisoners and the West County Detention Facility, which houses sentenced and unsentenced prisoners. At each site, DEUCE participants are housed in separate living areas. Participants remain separated from other prisoners during most of their daily routines, although both are relatively open facilities with considerable free movement of prisoners within a secure perimeter. At Marsh Creek, DEUCE prisoners share dining facilities with other prisoners. DEUCE participants can attend education programs with other prisoners at both sites.

Prisoners live in dormitory housing at Marsh Creek, which was originally the county's Honor Farm. The DEUCE classroom is in a wing adjacent to the DEUCE housing unit. The West County Detention Facility (WCDF) is Contra Costa's newest, having opened in 1991. Classified as medium to minimum security, it holds both pretrial and sentenced, male and female inmates. WCDF is laid out in a campus style. Prisoners live in single rooms, and DEUCE sessions are held in the dayroom of the DEUCE unit. Prisoners walk to a central program area for education, computer lab, and other programs.

WCDF features several innovative design and furnishing elements. There are no sally ports (gates or passages) on the living units. Housing consists solely of single rooms. The cells are not plumbed, and inmates are free to walk to unit showers and toilets. Cell doors are wood; walls are Sheetrock, laminated with a plastic coating.

The operational philosophy in Contra Costa utilizes direct supervision in housing areas and stresses that prisoners will work or

participate in programs. Prisoners who refuse work or programs are returned to the county's high-security facility. Prisoners who deface or damage the living or program spaces are also subject to transfer back to more restrictive housing.

Program Goals

The DEUCE curriculum is designed to increase participants' awareness and understanding in the following areas:

- How substance abuse affects interpersonal relationships, physical and emotional health, and financial resources.
- The process of addiction and recovery.
- The criminal justice system response to use and misuse of drugs and alcohol.
- The relationship between a healthy self-concept and making value-based decisions.
- Community resources for substance abusers.
- Improved employability skills.
- The relationship between successful employment and overcoming substance abuse.
- Substance abuse as a family disease.
- The relationship between emotions and behavior.

Program History

DEUCE began in 1986 with 40 male prisoners at the Marsh Creek facility. It was modeled on Sunrise House, a community-based residential program in Contra Costa County. The acronym "DEUCE" was initially a reference to prisoner slang for California's "driving under the influence" statute, Vehicle Code section 23152.

The project was initiated in cooperative discussions among the detention commander, the schools, mental health workers, and the detention chaplain. DEUCE was designed as a curriculum-based program, accredited and funded through State adult education funds tied to average

daily attendance. This particular funding mechanism has resulted in fluctuations in the program over the years and created some constraints; notably, the program has had to stress classroom-based activities rather than counseling, which was not eligible for education funding. For the first several years of the program's operation, mornings were devoted to classroom instruction and afternoons to quasi-counseling activities under the rubric of "independent studies."

DEUCE currently has three phases. At times, it has also provided a "pre-DEUCE" curriculum and a Phase 4 (prerelease) curriculum. However, funding limitations have curtailed pre-DEUCE and Phase 4 services. Changes in the education code also curtailed the afternoon independent studies; however, recent legislation has restored that activity. The Sheriff's Department continued the afternoon sessions, funding staff through inmate welfare moneys until State legislation changed the education code to allow more than 3 hours of instruction per day.

Following a process evaluation of DEUCE during 1992, DEUCE staff began an extensive curriculum revision in the spring of 1993. Revisions stress increased use of concrete and measurable learning and other performance objectives, accompanied by pre- and posttests for curriculum units.

DEUCE has grown steadily. The program expanded to new quarters at Marsh Creek, and in 1988, the program was extended to the county's work furlough facility. The work furlough facility closed in 1991, shortly after the new West County Detention Facility opened. The second site for DEUCE was then moved to WCDF. In the first half of 1993, the program served an average of 70 women and about 130 men in the two facilities.

The Sheriff's Department also provides other extensive educational programs for interested prisoners. These programs face ongoing fiscal difficulties resulting from funding problems at both the State and county levels. Contra Costa County has undertaken several evaluations of the programs (in addition to the present evaluation), in an effort to both strengthen the programs and ascertain their value.

Changing prisoner profiles have also forced a reexamination of security issues in the county's lower security housing at Marsh Creek and WCDF. Meanwhile, however, DEUCE has been replicated in Alameda, Los Angeles, and Sacramento Counties in California, and DEUCE staff have been invited to provide technical assistance in developing similar programs in Great Britain and, for prerelease programming, in San Quentin prison and the California Institution for Men. Additionally, the

Parole and Community Services Division of the California Department of Corrections contracts for modified DEUCE programs in several work furlough and "return-to-custody" (parole violator) facilities.

Staffing

DEUCE is staffed by personnel from the Contra Costa County Office of Education. (Custody staffing on the DEUCE housing units is the same as custody staffing on comparable nonprogram units.) Staffing levels have fluctuated, depending on funding and enrollment. During the first half of 1993, there were three full-time and up to six part-time instructors at the two sites. In the summer of 1993, enrollment increased at WCDF but dropped at Marsh Creek. Instructional staff were reorganized to four full-time and two part-time instructors.

Recruitment and Selection of Participants

Participation in DEUCE is voluntary. The program is introduced to prisoners at intake orientation. Program staff believe that many participants request the program after hearing comments from other prisoners or suggestions from judges at the time of sentencing. DEUCE does not do extensive screening although to be eligible, prisoners must be classified for housing in Marsh Creek or WCDF. High-security prisoners (those who may be escape risks or assaultive) and prisoners with severe medical or mental health problems remain at the county's maximum-security facility, the Martinez Detention Facility, and are not eligible for the DEUCE program.

Incentives for participation have included time off sentences (at the rate of 1 day for every 15 hours of attendance) up to a maximum of 4 days per month and, in the later phases of the program, increasing numbers of community passes. The latter incentive was designed to link inmates to community support groups. The community passes had to be approved by both program and custody staff. The community pass component was discontinued in November 1993, in part because of custody staff concerns about potential abuses. It was decided that custody staffing levels were not sufficient to supervise the pass program to ensure that passes were in fact used for contact with community support groups. Although substance abuse issues have remained the core of DEUCE, program staff believed that many students enrolled to gain information on topics such as self-esteem, parenting, anger control, and codependency.

Program Content

DEUCE is based on a theory that information can yield attitude changes, which can in turn result in changes of behavior. The program design follows this progression: Phase 1 stresses basic information about substance abuse and employability. Phase 2 focuses on attitude assessment, addressing the emotions associated with substance abuse, recovery, and seeking employment. Phase 3 concentrates on behavioral issues, whereby new skills are taught and practiced, personal action plans are developed, and relapse prevention is emphasized.

Each phase, designed to last 4 weeks, is organized into two tracks—substance abuse and independent study—and in 3-hour instructional units. (The second track, originally characterized as an “employment” track, has been recast as a broader independent study track to encompass a variety of life skills issues.) Specific instructional units in the substance abuse track in Phase 1 include psychopharmacology, addiction processes, recovery processes, and the Twelve-Step program. The independent study track addresses employment goal-setting, study skills development, parenting, public speaking, self-esteem, and anger control.

Phase 2 includes units on codependency and developing healthy relationships, along with group sessions and presentations regarding participants’ emotions. In the independent study track, participants continue work on individual recovery plans. Phase 3 then includes units on relapse prevention and parenting, with individuals continuing in independent studies. Students remain with the same independent studies teacher for the entire 90 days in DEUCE, which allows for close bonding and a quasi-counseling-based relationship.

Similar to the way in which JET operated, each phase of DEUCE is open-entry, open-exit, so that prisoners can enter the program (or any phase) at any time. Inmates move from phase to phase as they complete each time and program block. Inmates still in custody after the 90-day cycle can remain in the program. When the program served sentenced prisoners only, prisoners had to have at least 30 days remaining in their sentence to be eligible for DEUCE. However, when the program was opened to pretrial prisoners, the length of stay for many participants was much shorter. There is random drug testing in DEUCE, with the major cost incurred by the Sheriff’s Department.

Aftercare

Overall, DEUCE has not had a formal aftercare component. In its early years, DEUCE had two beds at a nearby alcohol recovery program that were provided at no charge to DEUCE graduates. The connection was dropped 4 years ago. Although this has been a goal of program administrators throughout the life of the program, funding has not been available. Instructors refer students to existing services and agencies, such as “outmates” (self-help groups for ex-offenders), halfway houses, homeless shelters, educational programs, residential and outpatient substance abuse programs, and employment programs. However, these programs and services are typically oversubscribed, with waiting lists that are sometimes long. As of 1994, DEUCE participates in a grant-funded “Family Recovery Project,” which provides multiservice case management to young adult males with custody of minors. The program serves prisoners, including DEUCE participants when they leave custody. DEUCE provides a teacher for literacy and adult education classes.

REACH, Los Angeles County, California

Overview

The Los Angeles County Sheriff's Department operates one of the largest county jail systems in the Nation. Over the 6-year period 1983 to 1989, inmate population expanded from an average daily population of 12,778 to 21,752—a 70-percent increase. In April 1992, the inmate population reached 23,000, exceeding the county's operational capacity of 22,000 beds. Since that time, however, the population has decreased. The system average daily population in the early summer of 1993 was approximately 20,000, with more decreases expected.

In an effort to reduce the overcrowding in 1991 and the imminent threat of even greater overcrowding, the Sheriff's Department instituted several programs and policies. Since various drug-related arrests accounted for the majority of jail offenses, the department focused its attention on programs addressing drug-related issues.

Program Setting

The REACH program was located at the Mira Loma Correctional Facility in Lancaster, California, one-and-a-half hours north of Los Angeles. Until several months before it closed, Mira Loma housed both male and female inmates. In early 1993, due to severe budget cuts, the

county closed the male facilities. The female population was subsequently reduced by 50 percent, until that facility closed in July 1993.

The women's unit at Mira Loma opened in October 1986 to relieve overcrowding at the Sybil Brand Institute located in downtown Los Angeles, with a total cost of \$10 million. The Mira Loma site served as a training facility for fliers during World War II and required extensive modifications to accommodate the inmate population. The unit housed minimum-security and low- to medium-security female inmates with sentences of 1 year or less for nonviolent misdemeanors and felony crimes. At the time of closing, the 850 maximum-capacity unit housed approximately 350 women in 16 dormitory barracks with 44 beds each.

The rest of the women's unit consisted of three vocational buildings, two inmate services buildings, one segregation building, two administration buildings and six acres of outdoor exercise areas. The entire facility was surrounded by two 12-foot-high, lighted fences topped with security wire.

The Mira Loma facility provided numerous vocational and educational services for female inmates. Some of the training offered included carpentry and commercial construction, computer literacy and operations, and food service production. Inmates were also able to attend numerous educational classes, including high school diploma equivalency, parenting and child development, English literacy, English as a second language, and health sciences. All of these services were provided by personnel from the Hacienda La Puente Unified School District.

At its inception, the REACH facilities included two dormitory barracks with 54 beds each. In June 1992, the program facilities were reduced to one barrack housing approximately 70 women, with the few remaining participants housed in a second barrack. A security fence separated the two barracks from the rest of the women's unit. The intent of this design was to assist in the development of support groups among the REACH participants. Though separated during the REACH program day, inmates interacted with the general jail population during dining periods and evening hours. The REACH classrooms were housed in two trailers, each divided into two rooms. These provided three classrooms and office space for the REACH counselor and instructors.

Program Goals

The goal of the REACH program was to lower the probability of participants' recidivism by addressing drug addiction and subsequent behavioral effects that lead to criminal activity. The program also tried to

prepare participants for employment upon their release from jail, in the hope that a reasonable income derived from steady employment would provide alternatives to crime. In addition, the program intended to reduce costs to the criminal justice system.

Program History

The REACH program at the Mira Loma facilities began instruction in June 1991. Plans for the program dated back to 1989, after a Los Angeles County Sheriff's Department visit to the DEUCE drug treatment program operating in Contra Costa County, California. Impressed with the DEUCE program, the Sheriff's Department initiated REACH with the intention of reducing the high rate of recidivism among the inmate population.

Staffing

The REACH program was originally staffed by personnel from three different departments: the Hacienda La Puente Unified School District and the Los Angeles County Sheriff and Probation Departments. Budget cuts led to the cessation of the probation component of the REACH program.

The educational/counseling component of the program was run entirely by personnel from the Hacienda La Puente Unified School District in Los Angeles County. Three instructors and one counselor made up the full-time REACH staff provided by the school district. The district provided part-time personnel, including a vocational counselor who made periodic visits to the REACH program. The school district staff also supervised a REACH program for men at a nearby facility, and one supervisor oversaw the educational/counseling operations at both facilities.

The Sheriff's Department considered REACH to be a virtually self-sufficient program, requiring only part-time attention from two administrative personnel who oversaw the physical operations of the program, such as equipment ordering and maintenance. Little contact existed between the school district and custody personnel. However, the education/counseling staff felt that the custody staff facilitated their efforts to rehabilitate the inmates by meeting most requests and, more generally, by being openly supportive.

Most of the operating costs to the Sheriff's Department were incurred at the start of the program; only drug testing required ongoing funding from this department. Custody personnel who oversaw the

operation of the program required no additional funding, since they received compensation from their regular salaries.

Until extensive budget cuts in the summer of 1992 resulted in termination of the probation component, the Probation Department provided three part-time staff members to the REACH program. Though this component offered no special probation services (e.g., intensive supervision), the regular probation services did aid REACH participants in their preparation for jail release.

Recruitment and Selection of Participants

Similar to the DEUCE program on which it was based, the REACH program was entirely voluntary. However, unlike the DEUCE program, inmates were not attracted to REACH by special incentives, such as DEUCE's leave policy.

Any inmate sentenced for drunk driving or a drug-related crime was eligible for the program. Participation required a sentence of at least 30 days (the length of the program's first phase) at the Mira Loma facility. In addition, because the program operated during the day, inmates had to be free from other daytime commitments.

The REACH program was briefly introduced to inmates at their orientation into Mira Loma, although most of the recruits had been referred to the program by other participants. The counselor administered a confidential questionnaire that served as both a self-assessment tool for the inmates and an evaluation tool for the REACH staff. Two weeks prior to an inmate's release from jail, the counselor administered a prerelease information interview. This information helped the counselor determine the types of aftercare appropriate for and available to the inmate.

Before closing, the program had a capacity of approximately 100 inmates, but it never exceeded 70 participants at any one time. Inmates who applied and were admitted into the program had to identify themselves as addicts, recognize the destructive role addiction had played in their lives, and express a desire to change their behaviors.

Program Content

REACH was designed as a two-track, three-phase educational program. An informal fourth phase existed for interested inmates. Track 1 focused on substance abuse intervention and prevention, informed by the Twelve-Step model of recovery, while Track 2 focused on employment

concerns. The REACH day began at 8:30 a.m. and ended at 2:30 p.m., with the first half of the day spent on Track 1 and the second on Track 2. This structure was followed throughout each 4-week phase of the program.

Phase One. Every 2 weeks, an estimated 15 to 20 women entered the first phase of the program, resulting in a Phase 1 population of 30 to 40 inmates. The first 4 weeks of the program introduced the women to the Twelve-Step model of addiction. This phase exposed women to self-esteem issues and communication patterns that can drive addictive behaviors and influence employability.

Phase Two. Due mostly to jail releases, the program size at the second phase decreased to approximately 20 women. This smaller size was conducive to the more intimate nature of the issues addressed in this phase. In Track 1 participants concentrated on interpersonal skills, past and present familial relationships, and issues of intimacy. In Track 2, the employability track, women examined the connection between the expression of personality and success on the job. Both tracks addressed emotions and their association with substance abuse, recovery, and the process of seeking employment.

Phase Three. With a size of 10 to 15 participants, Phase 3 concentrated on the realities and accompanying needs of reentry into public life. Track 1 placed a heavy emphasis on the Twelve-Step model, with focus on behavior modification and relapse prevention. In Track 2, participants learned practical skills necessary for the job search, such as resume writing and interviewing techniques, as well as how to utilize employment resources.

Phase Four. Most of the sentences served by REACH participants did not exceed 90 days; therefore, only a handful of women participated in the fourth phase of the program. This was an informal phase consisting of women sentenced to Mira Loma for more than 90 days. Those women who completed Phase 3 and wished to remain in the program throughout the remainder of their sentence entered Phase 4 as aides to the REACH instructors. They also provided support to and served as role models for the other participants.

In the event that a previous REACH participant returned to the program after an absence, the REACH instructors met with the inmate and decided at what phase she should reenter. If the sentence exceeded 90 days, the inmate usually began at Phase 1.

Aftercare

Although the role of the Probation Department in the REACH program was eliminated, aftercare remained a central component of the program until its last year. Since the program's inception, the REACH staff had been responsible for counseling participants in aftercare planning. The REACH counselor began preparing participants for their release at the time they entered the program. The counselor contacted outside agencies possibly able to serve participants' postrelease needs.

However, the counselor made only the initial contact. Participants were responsible for deciding the type of treatment in which they would participate and making the plans necessary to carry out the treatment. This practice was intended to continue to instill in participants a sense of responsibility. The counselor advised the women to seek out a residential treatment program. These programs were usually unavailable, however, because of the inmate's lack of funds or the lack of room in the programs. Instead, the released inmates usually participated in nonresidential treatment programs, including group and individual counseling and Twelve-Step meetings.

SAID, New York City Department of Correction

Overview

SAID is operated by the New York City Department of Correction, which is one of the largest jail systems in the country, with a 1992 average daily population of just under 21,500 inmates. This population is composed of males and females, adults and adolescents.²

During 1992, more than 111,045 persons were admitted to the system; approximately 34 percent had a drug offense (possession, sales, delivery) as their most serious offense. This figure does not include inmates who were drug users arrested on nondrug charges, such as burglary or robbery.

Program Setting

While some DOC inmates are housed in jails located in the respective boroughs of the city or on barges on the East River, the majority

² Within the New York Correctional System, adolescents are defined as youths aged 16 to 18 years.

of the population is housed on Rikers Island, a small island in the Long Island bay. In total, the DOC maintains 18 jails, 17 court detention facilities, 5 jail annexes, and 3 secure hospital prison wards. In addition, during 1992, it contracted with the State of New York for bed space within two jails in upstate New York.

SAID provides drug-free residential programs to more than 12,000 inmates annually in more than 1,000 beds at 3 Rikers Island facilities. SAID also provides substance abuse services to a variety of other programs within the department. These include the High Impact Incarceration Program (HIIP), a modified boot camp-style program for city-sentenced men; the Work Release Program for women; Self-Taught Empowerment and Pride (STEP), a modified boot camp-style program for city-sentenced women and parole violators; and SAID Mobile Unit (SMU) for inmates with human immunodeficiency virus (HIV)-related conditions (see table 3.2). The SAID program units on which this study focused were the Sprungs complex and dormitories housing male detainees within the George Motchan Detention Center (GMDC).

The SAID housing areas are sanitary, in good repair, and have low rates of violence and sexual harassment. Thus, an important characteristic of the SAID program housing areas is that the inmates consider them to be safe. Most traditional jail services such as food, medical care, mail, and telephone service are provided within the SAID housing units. The religious, recreation, visitation, and library services are shared with the GMDC general population.

Each of the dormitories has space for group and individual counseling sessions and desks for the counselors and correctional officers. The supervisors' offices and case files for the Sprungs complex are located in a trailer close to the housing units. The dormitories within GMDC have office space for the counselors. The SAID administrative offices and support staff are located in a trailer on the island, apart from the housing units.

Program Goals

The SAID mission is to design, develop, implement, operate, and coordinate the delivery of substance abuse programs to inmates with drug and/or alcohol problems. To fulfill this mission, the unit identifies and monitors substance abuse trends and the treatment needs of the inmate population and creates and operates jail-based assessment and intervention services. Whenever possible, SAID establishes the necessary links with the court and community-based treatment programs for referral or placement.

Table 3.2
SAID Programming at Rikers Island

FACILITY	POPULATION	CAPACITY - HOUSING TYPE
Rose M. Singer Center	detainee women	100-bed dormitory
	sentenced women	100-bed Sprungs unit
	sentenced women	50-bed Work Release
George Motchan Detention Center	detainee men	300-bed Sprungs Complex ¹
	detainee men	300-bed dormitories
	detainee men	100-bed Educational/Vocational Program
Adolescent Reception & Detention Center	adolescent males	300-bed Sprungs Complex
Correctional Institution for Men ²	sentenced men	individual and group counseling services
Mobile Unit (SMU)	all	individual/group substance abuse and HIV counseling services

¹ The Sprung Structures are large, tent-like structures intended as temporary units that have been renovated for year-round housing. Each Sprung Structure is divided into two dorms of 50 inmates per dorm.

² Beginning in June 1993, SAID began providing ambulatory substance abuse services within the DOC's facility for sentenced men.

The specific goals of SAID are to:

- Coordinate the development and delivery of substance abuse services for DOC inmates.
- Create and implement effective services for inmates with substance abuse problems.

- Establish resources needed for referring and placing inmates into long-term in- or outpatient substance abuse programs in the community and other State correctional facilities.
- Develop and administer a comprehensive management information system.
- Provide appropriate training and continuing education to staff.
- Identify new funding sources for expanding services within the DOC.

Program History

The DOC first implemented SAID in January 1989. This pilot program was modeled after the drug-free therapeutic community concept. A small core of six counselors and a director worked to create a therapeutic community within a jail. The critical barrier that the founders struggled to overcome was how to integrate the work of the counselors with that of correctional officers to create a safe environment in which the participants could begin to recognize and confront their drug and/or alcohol problems. The capacity of SAID was quickly expanded to accommodate over 1,200 inmates.

Staffing

SAID currently has 157 civilians assigned to it. The civilian staff includes an administrative division with an executive director, clinical director, director of operations, director of planning and analysis, six housing unit supervisors, a supervisor of recruitment, five recruiters, an administrative assistant, three research analysts, and clerical staff. The executive director reports to the assistant commissioner of Health, Substance Abuse, and Forensic Services. Each 50-bed unit is staffed by three SAID counselors on two shifts from 9:00 a.m. to 9:00 p.m., 5 days a week, and from 1:00 to 9:00 p.m. on Saturday and Sunday. However, due to a citywide hiring freeze, the program has not been able to maintain full staffing; the vacancy rate over the past 2 years has been approximately 33 percent.

Each SAID unit is also staffed by a “primary” correctional officer within the housing area and a “secondary” officer per every 100 inmates. Escort officers are available to escort inmates to other jail services. In addition, there is a housing area captain who periodically tours the units. A

GMDC assistant deputy warden is responsible for all uniform posts within the program area. The uniform coverage is 24 hours per day, 7 days per week.

The correctional officers assigned to the SAID units are specially trained for working in a therapeutic community. The SAID units are their regular duty. Thus, by working together each day, the counselors and officers can develop cooperative relationships.

Recruitment and Selection of Participants

Participation in SAID is voluntary. There are several ways in which an inmate is recruited for the program. The primary mode is for SAID recruiters to solicit new admissions in the Bronx, Manhattan, and Brooklyn borough houses. Detainees in the new admission areas of GMDC are also recruited for participation in SAID. Despite their efforts, the recruiters have not always been able to fill all the SAID beds. Historically, when faced with overcrowding problems within the DOC system, the DOC filled the extra beds with non-SAID inmates. These inmates, the "overloads," were recruited by the SAID counselors to participate in the SAID activities. However, with the drop in the DOC population during the latter half of 1993, overloads have no longer been a problem.

There are at least two additional ways that detainees enter SAID. First, detainees housed in the general population can request, through the Programs Office or the Division of Counseling, to be interviewed for SAID. Also, when the counselors/recruiters are able to locate detainees who volunteered for SAID while at a borough house but were not transferred to a SAID unit, recruiters will request that GMDC movement officers transfer the detainee to a SAID housing unit.

Individuals interested in participating in SAID are interviewed and assessed for substance abuse, physical and mental health, and security classification. All SAID participants must have a classification of low to medium security. In addition, SAID participants housed in the Sprungs complex cannot have an active warrant or a history of violence or escape.

After their initial review for eligibility, new participants are assigned to an Orientation Unit: Sprung 7 of the Sprungs complex or Dorm 13B within GMDC. Although they immediately begin to receive group and individual counseling, they are evaluated for their appropriateness for continued service. The Orientation Unit within GMDC is relatively new; it opened in June 1993. (Previously the new participants housed in the GMDC dormitories were dispersed throughout the SAID dormitories.)

Most participants remain in this unit for 7 to 10 days. If counselors determine that the new participant is inappropriate for SAID, they request that the individual be transferred to the GMDC general population.

Program Content

Therapeutic Interventions. SAID staff use an eclectic approach, including elements of a therapeutic community. In addition to the substance abuse experiential approaches, SAID provides vocational training classes, life skills, adult basic education, English as a second language, and GED preparation. Conflict management assists the participants in developing alternative modes for coping with anger and conflict resolution. The major components of the program are:

- A positive structured and supportive environment.
- Positive community living skills.
- Group counseling.
- Individual counseling.
- Substance abuse counseling.
- Positive peer pressure.
- Education.
- Physical exercise.

Each client also receives regular individual counseling and case management services. Programming is delivered from 9:00 a.m. to 9:00 p.m., Monday through Friday, and 8 hours on Saturday and Sunday. Inmates are also free to utilize other jail services, such as the law library, inmate grievance, vocational programs, educational programs, institutional jobs, and religious, mental health, and medical services.

Placement Services. The SAID placement services are constrained because most participants are pretrial detainees. Thus, many are released on bail or at court without any prior notice or warning to the SAID staff. For example, a participant may go to court for a hearing and simply never return to the unit. To compensate for this problem, within 24 hours of entry to SAID, the participant is given an "exit" package that contains information on the outpatient and inpatient substance abuse treatment

programs in the city. This package also lists community agencies within the city where the participant can receive entitlements, housing, and vocational/educational services. Whenever possible, participants are placed with community-based treatment programs after their release from SAID.

When appropriate, clients are referred to the discharge planning counselor, who develops individualized discharge plans and makes arrangements for community-based program placements. Current staffing constraints and the relatively short length of stay (overall average is 10 days) preclude some clients from receiving the indepth assessment and individualized case planning that are required for an appropriate placement within a community treatment program. SAID relies on partnerships it has developed with programs that provide alternatives to incarceration and with the Legal Aid Society to provide legal and advocacy services.

Aftercare

The discharge planning services described above are the only aftercare services that SAID provides directly to its detainee clients. Although SAID staff make attempts to refer some prison-bound offenders to prison-based drug treatment programs, and others to community or other jail-based programs, the Discharge Planning Unit does not systematically track or maintain contact with discharged SAID participants. Therefore, little information is available regarding the percentage of participants who actually enroll in a treatment program on exit from SAID.

New Beginnings, Westchester County, New York

Overview

New Beginnings is a highly structured substance abuse treatment program serving both men and women incarcerated in the Westchester County Penitentiary. The program's average daily population is slightly more than 100, and the system's average daily population is approximately 1,300. Program participants are housed in dormitories dedicated specifically to New Beginnings. A drug-free environment is maintained to promote an atmosphere of recovery.

New Beginnings is operated by the Westchester County Medical Center's Correctional Health Services under the supervision of the Westchester County Psychiatric Institute. The program exists through a unique partnership between the Department of Correction, the Department of Criminal Justice Services, the Department of Community Mental Health, and the Medical Center.

Program Setting

Male and female participants are housed in separate facilities within the Westchester County Department of Correction complex. The New Beginnings program for males is located in a new wing added to the Westchester County Penitentiary during the summer of 1990. The program occupies five dormitories, each of which accommodates up to 25 men, creating a total capacity for males of 125. Through the spring of 1992, New Beginnings was able to recruit only enough men to fill four of the five dormitories. The fifth dormitory remained empty and was used for group activities.

Each dormitory has its own shower/bathroom facilities, TV area, and space for group meetings/counseling sessions. There is also a desk for the counselors and correctional officers. Exercise/recreation, meals, visitation, and special programs occur within the common areas of the New Beginnings wing. During these activities, participants from the respective dormitories can visit and interact. However, the New Beginnings participants never mingle with nonprogram inmates.

The counselor, social worker, medical, and administrative offices are located within a specific section of the New Beginnings wing. Here the participants meet individually with their counselor, social worker, and/or psychologist as well as attend educational and vocational classes. This multiple use of both the administrative and dormitory areas facilitates interaction among the participants, counselors, social workers, and administrative staff.

The New Beginnings female program is in a trailer located on the grounds of the penitentiary. The size of the trailer limits the number of female participants to 25. The facilities are crowded; there is, however, space for the group counseling sessions and a small kitchen area. The females also have their meals within the trailer. Their visitation is provided in the Westchester County jail (located adjacent to the penitentiary). The counseling, social service, and administrative offices for the women are located in another trailer approximately 50 feet from the women's dormitory. Educational and vocational classes also occur within the women's housing area. Like the men, New Beginnings women are segregated from the other females within the Westchester County jail.

Program Goals

The goals of the program are to identify offenders with substance abuse problems and introduce them to treatment while they are within the correctional system. Thus, the ultimate aim is to address the offenders' problems so that they can gain control of their lives and avoid the trap of recidivism. These goals are pursued through an intense educational and experiential treatment regimen that explores the individuals' motivations, patterns, and reasons for substance abuse.

Program History

New Beginnings was created in July 1988 to meet the needs of the increasing number of offenders with substance abuse problems sentenced to the Westchester County Penitentiary. The program was originally designed to serve 30 male inmates. However, it was expanded in May 1991 to accommodate 120 male and 25 female offenders. Although participants must have at least 30 days to serve in order to be admitted to the program, there is no limit to their length of participation.

Staffing

All New Beginning's staff are employees of the County of Westchester, New York. However, the program is directed by the County's Medical Center for Correctional Health Services, which is under the supervision of the Westchester County Psychiatric Institute. Correctional Health Services hires and supervises all professional staff, including the program director, counselors, social workers, teachers, and medical and mental health staff. The Department of Correction, on the other hand, provides security, food, and maintenance/janitorial services.

There are eight counselors for the men and two for the women. Two social workers, one registered nurse, and one psychologist serve all participants. The administrative staff include the director of Substance Abuse Services and a program director. Educational and vocational services are provided by the Board of Cooperative Educational Services (BOCES), an academic program for the correctional facilities throughout the State of New York.

Recruitment and Selection of Participants

Admission into New Beginnings is voluntary. The New Beginnings program is formally introduced to all newly sentenced inmates at their orientation meetings. This introduction is presented by New Beginnings

staff and participants. Generally, a counselor will introduce the program and then ask a current participant of New Beginnings to talk about his/her experience and the pros/cons of the program. The DOC Classification Board serves as an important referral source, in that all inmates with a substance abuse problem are strongly encouraged to enroll in the program during their individual conference with the board.

Most inmates learn about the program from other inmates in the jail long before they attend the orientation meeting. Thus, most of the participants come to the orientation meeting ready to sign up or with specific questions. In the hallways and tiers of the facility, inmates frequently approach the correctional officers, social workers, or a New Beginning staff member and ask to sign up for the program. The custody staff and social workers record the inmate's name and location and relay the information to the New Beginnings staff.

Before leaving the orientation meeting, any inmate interested in participating in New Beginnings is interviewed by a staff counselor. The primary purpose of this interview is to ascertain the nature and severity of the volunteer's substance abuse problem. A secondary concern is any psychiatric problem. To be eligible for New Beginnings, an individual must:

- Be sentenced, with at least 30 days remaining.
- Have a drug or alcohol problem.
- Be 18 years of age or older.
- Be willing to participate in program activities.
- Have security clearance by the Department of Correction.

New Beginnings applications for inmates with an "AA" rating (high risk, violent) are personally reviewed by the warden. Approximately one in three "AA" inmates is admitted to the program. Security is somewhat more of an issue for the women's program than it is for the men's, because the trailer is less secure than the penitentiary dormitories.

Other program admission issues include an inmate's previous participation in the program and presence of medical, mental health, or physical problems that could impede his or her full participation in program activities. Previous participants are not automatically excluded from the program. Only if an individual previously acted out and/or was uncooperative would he or she not be readmitted into the program.

In May 1992, the program began to admit pretrial detainees if it appeared that they would be sentenced to the local penitentiary and/or if their case would require at least 30 days to complete. The staff has not actively recruited pretrial detainees, but relies on the initiative of the detainees to request admittance into the program.

The time lapse between the formal orientation meetings and movement to New Beginnings is usually less than 24 hours. This reflects the efforts of the New Beginnings staff to move the new participants into the New Beginning facilities before they are transferred from the orientation wing to general population. This swift movement is important to avoid the individual's losing interest, having second thoughts, or becoming enmeshed in the life of the general population. The average number of new admissions is 40 to 50 per month.

Program Content

The program assumes that by exploring and confronting their feelings, experiences, and attitudes associated with drugs/alcohol, the participants will be empowered to take control of their addictions. In addition, New Beginnings develops the individual's everyday living skills through academic and life skills courses. The program also provides a comprehensive vocational assessment that is used by the community employment and vocational programs after the participant's release from the penitentiary.

The program currently operates from 9:00 a.m. to 7:00 p.m., 7 days per week, thus reducing idle time and the number of misconduct incidents. Daily activities include:

- Group counseling.
- Individual counseling.
- Drug and alcohol education (both day and evening classes).
- GED training and Adult Basic Education (ABE) classes.
- Twelve-Step meetings.
- Life skills training.
- AIDS education and pre- and posttest counseling.

- Postrelease referral and placement.
- Vocational assessments.

The day drug/alcohol program is based on the disease model of addiction. It is an 8-week course that includes the following topics:

- Disease of addiction.
- Steps to powerlessness and unmanageability.
- Spirituality.
- Defenses.
- Acceptance of the disease and the need to change.
- Recovery and positive ways to behave.
- Responsibilities to family and family roles.
- Relapse prevention.

The New Beginnings evening program has three phases: orientation, “Big Book,” and relapse prevention. Orientation usually lasts for 7 to 10 days. During this phase, the client settles into the dormitory environment, learns the house rules, and begins to develop a sense of trust and sharing. “Big Book” is the heart of the New Beginnings program. Here the client explores his or her motivations, patterns, and reasons for substance abuse. While the Big Book phase focuses on the client’s past and current behaviors, relapse prevention attends to preparation for life in the community.

Participants are involved in all activities and groups on entry into the program. The topics and issues covered in the respective group activities are varied according to the level of awareness, growth, and needs of current participants. Therapy is tailored to the participant through individual counseling sessions. During weekly counseling sessions, counselors attempt to work through specific needs and problems of participants. If individuals complete their local sentence and have actively participated in the various activities of New Beginnings, they are awarded certificates of recognition.

Aftercare

Aftercare is a very important component of New Beginnings. Because a primary goal of the program is to prepare participants for continued treatment when released from the correctional system, a great deal of energy goes into discharge planning and resource development. All participants are directly linked with a community-based treatment program where they receive at least 30 days of outpatient treatment. Frequently the aftercare is inpatient treatment. Although Narcotics Anonymous or Alcoholics Anonymous may be a part of the participant's aftercare plan, referrals are never simply a list of meeting times and places. In addition, graduates are provided referrals for various social and employment services when they leave New Beginnings.

Some participants are able to enroll in Direct Treatment Alternative to Incarceration (DTAI). DTAI is an early-release program for felons that provides specialized drug/alcohol treatment with group, individual, and vocational counseling. An important criteria for acceptance into DTAI is participation in the New Beginnings program.

Summary

To summarize briefly some important aspects of these programs, the following points can be made:

- All programs have been voluntary and served a relatively small percentage of the total inmate population.
- All programs have used a mixed or eclectic treatment model that can be described by the term "biopsychosocial."
- Although treatment providers recognize the importance of integrated postcustody services, formal aftercare links have been very limited, except in the New Beginnings program.
- The programs have served offenders who were eligible for either minimum- or medium-security housing.
- The programs have been administered by a variety of city, county, and State agencies and have had several different funding sources.

Chapter Four: Research Design

In this chapter, the designs of the impact and process analyses are presented. Included are the details of data collection at each site, such as how treatment and control cases were selected and either how interviews were conducted or how case files were obtained and used. An analysis demonstrating the success of the matching procedures is also presented. Specifically, for each site, the program participant and control samples are compared, with respect to several demographic and legal status variables. Methods for obtaining detailed program information are also described. The last section is devoted to several methodological considerations that are important to keep in mind when interpreting the results of this study.

Impact Research Design

An important component of this evaluation study was to assess program completion rates for participants as well as 12-month postrelease outcome for representative participants and matched controls. Postrelease outcome was defined as the probability of recidivism during the followup period. Also examined was the pattern of rearrests, across time, for recidivists in the treatment and control groups.

The impact research design is quasi-experimental, in that outcome for the drug treatment group is compared with that of a group of subjects matched on several relevant characteristics (age, sex, race, offense, and sentence length). The recidivism data were obtained through State-level rap sheets. Details of the data collection procedures, followup rates, and specific methods for defining and calculating recidivism levels are presented in Chapter Six.

Admission and Exit Interviews

At most sites, a program staff member or NCCD researcher interviewed samples of program participants ("treatment cases") at both program admission and release, using standardized forms. If personal interviews were not possible, information was obtained through client files. The admission form contained demographic information, drug and offense history information, and information about previous drug treatment. The admission data were collected to provide (a) a description of the offenders served, (b) a basis for comparing treatment and control groups to ensure

no a priori differences, and (c) a set of “offender” variables that could potentially predict outcome.¹

The exit forms contained dates of release from the program and from jail, as well as information about type of program termination, type of residence on release, and anticipated postcustody treatment. Information about services received while in the program was also included.² Copies of the admission and exit forms are included in Appendix A.

In all sites except Los Angeles County, information on control cases was garnered from corrections agency records. As will be explained below, control cases for the REACH program were personally interviewed by research staff at another Los Angeles jail. Information on drug history for control subjects was, for the most part, unavailable.

Selection of Subjects

JET

Treatment Cases. For the JET program site, researchers developed a sample of 102 male participants. Information for both admission and program exit forms was coded from program and jail files. The JET program sample included prisoners discharged from the program during the period August 1991 through October 1992.³ To generate the sample, data were collected on approximately 185 cases. Individuals were excluded for several reasons. In about 30 percent of the cases reviewed, the prisoner was transferred to State prison or to another correctional institution. These individuals were removed from the sample because valid comparative

¹ Because treatment and control group participants were not selected randomly, one cannot be certain that they are truly representative of the population.

² Ideally, information on specific services received could be included in both process and outcome evaluations. We were not able to collect this individual-level information in a valid way for this study.

³ The sample excluded prisoners placed in the JET program for less than a week. This was done to screen out prisoners assigned temporarily to the JET housing unit to ease overcrowding elsewhere. While technically assigned to the JET program, these prisoners were not program participants in any real sense.

recidivism information was not possible.⁴ Cases were also removed because research consent forms had not been completed and for miscellaneous other reasons.

Control Cases. It was not possible to develop a true control group for the JET site in that all eligible and interested prisoners were placed in the program. JET had no formal waiting list. To test for the relative impact of program participation however, a sample of 90 prisoners released during the period January 1991 to December 1991 was selected, matched to the JET program sample according to race, age, primary offense, and sentence length.

Data on potential control cases were sent to NCCD through the county management information system (MIS) in the form of computer files, which were downloaded to the research data base. Individual control cases were then identified using the above matching variables on a case-by-case basis. Information about previous drug use was available only for the JET treatment sample, from drug and alcohol program files that were not completed for nonprogram prisoners.

DEUCE

Treatment Cases. In collecting admission file data on DEUCE participants (Contra Costa County, California), researchers interviewed (or reviewed the records of) 192 prisoners when they entered the program during the period between June and September 1992. The interviews were scheduled to begin in April 1992 but had to be postponed. By coincidence, there was a shakedown and search of the DEUCE program unit during the week interviews were to begin. Responses on the surveys made it clear that prisoners were suspicious of the survey (which included questions about drug use) and reluctant to respond accurately. Therefore, the interviews were delayed to allow suspicions to "cool down" and to provide time for researchers to meet with participants and explain that interviews were confidential and would not be available to custody staff.

Exit surveys on DEUCE clients were completed in two ways. Whenever possible, participants were interviewed prior to leaving the

⁴ As noted by the program administrator, the group removed from our sample because they were transferred to State prison would be an interesting subject of study in its own right. Does the subsequent incarceration behavior and/or program participation of these inmates differ from that of other State prison inmates, indicating that even for the longer term State inmates, an initial exposure to substance abuse programs in local jails can provide a "leg up" for rehabilitation?

program. In some cases—particularly for pretrial prisoners who were released in Court—the exit survey had to be completed from program and jail records.

As with the JET project, an unexpectedly high number of participants were transferred from jail to State prison and thus had to be excluded from the study sample. An original sample of 292 was obtained, with 100 (34 percent) deleted because they were prison bound.

Control Cases. The DEUCE program does have a waiting list. Prisoners on the waiting list are placed in a “pre-DEUCE” program prior to being housed in specific DEUCE housing units for full program participation. Because most “pre-DEUCE” prisoners do move into full DEUCE participation, however, the “pre-DEUCE” population was not large enough to provide a control group.⁵ Therefore, the comparison sample for the DEUCE project was developed by creating a group of 148 individuals matched for race, age, gender, primary offense, and sentence length. This matched group was drawn from all jail releases during the period from January to December 1991. Data were again sent to NCCD in the form of computer files, which were downloaded into the research data base. Matched control cases were then identified on a case-by-case basis.

REACH

Treatment Cases. For the REACH program site, data on 135 treatment subjects were obtained by counselors completing admission and release data forms on consecutive admissions to the program from March through September 1992. Exit forms were completed a few days prior to leaving the program.

Control Cases. Control subjects for this program were obtained from four different samples of female inmates at Sybil Brand Institute in Los Angeles, California (total $N = 98$). This facility is a jail in Los Angeles County that does not provide drug treatment. Potential control subjects were identified by jail staff based on parameters provided by research staff. Women were interviewed by research staff if they agreed to participate in the study and they matched the treatment sample in terms of offense, sentence status, sentence length, security level, and motivation for treatment.

⁵ DEUCE is funded by education moneys, based on average daily attendance (ADA). To maintain funding, every effort is made to keep enrollment in DEUCE at full capacity.

The last variable was obtained by asking the subjects if they were currently interested in participating in a drug treatment program and if they would like to participate in a drug treatment program while in jail. This information was gathered from participants while making it clear to them that the county was not able to offer them drug treatment. Asking someone if they would like to participate in treatment is quite different from an actual assessment of motivation for treatment (e.g., the person might not accept treatment if it were actually available or might drop out). However, this method enabled researchers to eliminate those who directly said they would not be interested in jail drug treatment. The number of women giving such a response was in fact very small. The same demographic and history data obtained for the treatment sample on admission was obtained for controls. This information included race/ethnicity, marital status, education, age, drugs of abuse, type of offense, residence before admission, and employment.

SAID

Treatment Cases. There were two primary ways that NCCD identified SAID participants for the study's treatment group. The first method involved obtaining from the recruitment staff lists of inmates recruited for SAID from the borough houses. These lists were checked against the SAID daily rosters to determine if each inmate was actually placed in the SAID Dormitories or Sprungs on arrival at the George Motchan Detention Center (GMDC) on Rikers Island. If the inmate was placed in the SAID program, he was asked if he was willing to participate in the study. If the inmate agreed and signed a consent form, research staff then completed the study admission form from the program's screening and psychosocial history forms located with the case file. The latter forms are routinely completed by the SAID counselors on the participant's entry into the program.

After approximately 2 months of collecting admission data, research staff found that it was more efficient to begin with the SAID daily rosters than with the recruitment lists. Approximately one-half of the SAID participants were "converted" to SAID. This means they were placed in a SAID facility and subsequently opted to participate in SAID programming. Study staff collected names from the SAID daily rosters and approached these inmates individually or in group settings regarding their willingness to participate in the study. Again, if the inmate agreed and signed a consent form, the study admission form was completed from the SAID screening and psychosocial history forms.

Termination information (e.g., exit type and date) and some program activity data were collected from the inmates' case files on exit from the program. Program exits were monitored via program daily rosters and the GMDC population listing. Exit and activity data were recorded by the SAID counselors on the SAID weekly case summary forms maintained within the SAID case files. Demographic and crime history data, including current offense and custody classification, were obtained from the New York City Department of Correction MIS division. The final sample of 202 SAID participants was recruited primarily from admissions to the program from March to December 1992, with a small number entering SAID in the first 2 months of 1993.

Control Cases. Comparison cases were identified from the lists of inmates who had been recruited for SAID by the recruitment staff but who had not been placed in the SAID facilities by the GMDC movement staff (e.g., due to overcrowding or other facility issues). NCCD staff first searched the GMDC population roster to determine if the "recruited" inmates actually arrived at GMDC. If the "recruits" were housed at GMDC but not within the SAID facilities, they were identified as control cases. A second means of identifying control cases was by collecting the names of inmates placed in non-SAID minimum-security dormitories. Information on these cases was sent to NCCD on computer files and downloaded to the study data base. Using these procedures, a comparison sample of 256 was obtained.

New Beginnings

Treatment Cases. All eligible inmates are placed in the New Beginnings program. Those placed in the program between February and December 1992 were approached by research staff and/or program counselors and asked if they were willing to participate in the study. They were told that their participation would entail review of their case file and Department of Correction computer file, possible interviews, and a record check several months after their exit from the program.

If the inmate agreed and provided written consent, counselors provided copies of the inmate's New Beginnings screening and other program forms (completed by the counselor on the participant's entry into the program) from which the study admission form was completed. (According to Westchester County Medical Center rules, NCCD staff were not permitted direct access to the case files). This procedure provided demographic data as well as data on the participant's substance abuse history, mental health history, employment history, and substance abuse

treatment history. An NCCD exit form was completed by New Beginnings counselors on the inmates' exit from the program.

Current offense, custody classification, demographic, and prior record data were drawn from the Westchester County Management Information System. Each case was individually accessed on the computer system, and a hard copy of the data was printed (no mechanism for downloading data to tapes or disks was available). These hard copy files were then entered into a data base at NCCD. In this way, a treatment sample of 91 was obtained from New Beginnings.

Control Cases. There were three primary means for identifying New Beginnings control cases. They include the following scenarios:

- The Classification Board recommended the program to an inmate but the inmate opted not to participate. (This group was identified from the lists of inmates that meet with the weekly Classification Board.)
- An inmate volunteered for New Beginnings but was ineligible because of sentence length (i.e., less than 30 days) or some other factor.
- An inmate was rejected by the program staff, because of a poor behavioral record in a previous attempt at participation or because of being a custody risk as determined by the warden.

Information concerning these individuals, including demographic and offense information, was obtained from the MIS system and transported to NCCD as described for treatment subjects. In table 4.1, data are presented on the projected and actual sample sizes for the treatment and control groups, for the total project, and for individual drug treatment program sites.

Equivalence of Treatment and Control Groups

The first step of the impact analysis involved a comparison of treatment and control subjects on a number of variables. This procedure was done to demonstrate that there were no major a priori differences between the two groups of subjects that could account for or confound the results of the major outcome analysis. Demonstrating that the two groups were equivalent is particularly important for a design such as the one employed in this study, given that random assignment to the treatment or control group was not possible.

Overview of Control Group

As described in the previous section, samples of controls were obtained from each of the five program sites. Due to a variety of differences in facility procedures, inmate population composition and flow, recordkeeping, and levels of data automation, these comparison groups

Table 4.1

**Projected and Actual Sample Sizes
for Five Evaluation Sites**

	Treatment Group		Control Group	
	Proposed	Actual	Proposed	Actual
Site				
JET	100	102	100	90
DEUCE	200	192	200	148
REACH	100	135	100	98
SAID	250	202	250	256
New Beginnings	100	91	100	114
Total	750	722	750	706

were obtained in various ways. Wherever possible, subjects were matched to those in the treatment group with respect to age, race, primary offense, sentence length, and gender.

Controls for REACH were located and interviewed by research staff at another jail housing women but offering no drug treatment. For JET and DEUCE, the matching procedure was conducted at NCCD on a case-by-case basis using automated files on very large pools of potential subjects. Finally, for the two New York sites, the comparison groups were "pre-selected." This means that comparison cases were identified from those not selected for program participation for various reasons, including space, or from those declining to participate in drug treatment during the same data collection period. Once these individuals had been identified, computerized

information was requested from the Department of Correction, shipped to NCCD, and downloaded into the study data base.

Comparisons of Groups

To quantify the comparability of the treatment and control samples, differences between the two groups were statistically analyzed with respect to race/ethnicity, primary offense, age, sentence length, and, where applicable, sex of subjects.⁶ For categorical variables such as sex, race, and primary offense, a chi-square statistic was used. For continuous variables such as age and sentence length, a *t* test was used after an initial test for homogeneity of variance. For each variable, the appropriate *t* values were interpreted depending on the equality or inequality of the treatment and control group variances. Tables 4.2 through 4.6 present comparisons between treatment and control groups for each of the five evaluation sites. A critical value of 0.05 was used as an index of statistical significance.

With respect to race, there were no significant differences between the groups at any of the sites, with the exception of SAID. Relative to the control group, in the group receiving substance abuse treatment there were significantly more Hispanics (40 percent versus 31 percent) and fewer African Americans (53 percent versus 65 percent) (see table 4.5). With respect to primary offense and age of offender, there were no significant differences between treatment and control subjects for any of the five sites, indicating successful matching on these two important variables.

⁶ Because information on drug use history was not available for controls, there was no way to test for any significant difference between the treatment and control groups regarding this variable.

Table 4.2

Equivalence of Treatment and Control Groups: JET Program

	Control Group	Treatment Group
Race/ethnicity¹	(N = 84)	(N = 95)
Caucasian	58%	55%
African American	13%	14%
Hispanic	29%	32%
Primary offense¹	(N = 90)	(N = 102)
Person	11%	12%
Property	26%	24%
Drug	56%	56%
Other	8%	9%
Age (years)¹	(N = 90)	(N = 99)
Average	32.64	32.07
Standard deviation	8.46	8.57
Sentence length (days)²	(N = 90)	(N = 95)
Average	165	259
Standard deviation	159	128

¹ Statistically nonsignificant.

² P < 0.001.

Table 4.3

Equivalence of Treatment and Control Groups: DEUCE Program

	Control Group	Treatment Group
Sex¹	(N = 148)	(N = 192)
Male	58%	55%
Female	42%	45%
Race/ethnicity¹	(N = 147)	(N = 175)
Caucasian	50%	49%
African American	40%	36%
Hispanic	11%	15%
Primary offense¹	(N = 148)	(N = 189)
Person	8%	7%
Property	28%	26%
Drug	46%	46%
Other	18%	21%
Age (years)¹	(N = 148)	(N = 188)
Average	32.14	32.35
Standard deviation	7.26	7.46
Sentence length (days)²	(N = 29)	(N = 102)
Average	253	185
Standard deviation	114	110

¹ Statistically nonsignificant.

² $P < 0.01$.

Table 4.4

Equivalence of Treatment and Control Groups: REACH Program

	Control Group	Treatment Group
Race/ethnicity¹	(N = 95)	(N = 129)
Caucasian	34%	42%
African American	26%	29%
Hispanic	40%	30%
Primary offense¹	(N = 98)	(N = 135)
Person	4%	4%
Property	9%	19%
Drug	48%	50%
Other	39%	27%
Age (years)¹	(N = 94)	(N = 135)
Average	31.19	30.58
Standard deviation	6.85	6.09
Sentence length (days)¹	(N = 90)	(N = 131)
Average	227	217
Standard deviation	161	121

¹ Statistically nonsignificant.

Table 4.5

Equivalence of Treatment and Control Groups: SAID Program

	Control Group	Treatment Group
Race/ethnicity¹	(N = 243)	(N = 195)
Caucasian	5%	7%
African American	65%	53%
Hispanic	31%	40%
Primary offense²	(N = 232)	(N = 183)
Person	31%	22%
Property	16%	21%
Drug	49%	50%
Other	4%	6%
Age (years)²	(N = 247)	(N = 196)
Average	30.34	30.86
Standard deviation	8.31	7.78

¹ P < 0.05.

² Statistically nonsignificant

Table 4.6**Equivalence of Treatment and Control Groups: New Beginnings Program**

	Control Group	Treatment Group
Sex ¹	(N = 114)	(N = 91)
Male	83%	70%
Female	17%	30%
Race/ethnicity ²	(N = 114)	(N = 91)
Caucasian	33%	28%
African American	55%	58%
Hispanic	11%	14%
Primary offense ²	(N = 111)	(N = 90)
Person	14%	3%
Property	46%	50%
Drug	23%	24%
Other	18%	22%
Age (years) ²	(N = 111)	(N = 91)
Average	31.54	31.48
Standard deviation	7.25	7.42
Sentence length (days) ²	(N = 44)	(N = 61)
Average	250	239
Standard deviation	147	135

¹ P < 0.05.² Statistically nonsignificant.

The variable of sentence length was much more difficult to use in the matching procedures. This parameter varied greatly both among and within sites. For the matching conducted at NCCD, the inclusion of sentence length as a matching variable seriously limited the control sample size that could be obtained, even when all other conditions (sex, race, offense, and age) had been satisfied. Additionally, information regarding sentence length was not always available from the data sources. Eventually, attempts at matching on sentence length on a case-by-case basis were abandoned.

Despite these limitations, treatment and control subjects were matched for sentence length at two of the four sites for which sentence length is relevant. In Contra Costa County, those in the control group had significantly longer sentences (253 days versus 185 days) (see table 4.3).

For Santa Clara County, the opposite was true; those in the JET program had significantly longer sentences (259 days) than those in the comparison group (165 days) (see table 4.2). This latter disparity may have resulted from the fact that subjects in the original JET treatment group were eliminated from the study if their sentence was not long enough to accommodate program participation or if they were to be transferred to another jurisdiction at the completion of their local adjudication.

Finally, although the DEUCE treatment and control groups were equivalent with respect to the proportions of males and females, the New Beginnings sample (table 4.6) contained a greater proportion of females in the treatment group (30 percent versus 17 percent in the control group). This difference most likely reflects the fact that the comparison group was not matched at NCCD on a case-by-case basis as it was for DEUCE. Given that the comparison group was obtained from lists of “ineligible” inmates at the correctional facility in Westchester County, it is surprising that more sampling bias did not exist in this site.

Overall, despite differences between groups in racial composition at SAID, in gender composition at New Beginnings, and in sentence length at DEUCE and JET, the matching procedures can be considered quite successful, given the complexities of obtaining treatment and control samples at these very diverse program sites. The two groups are completely comparable with respect to age and primary offenses, and largely comparable with respect to race.

Process Analysis Design

A major component of this study was to describe each program systematically with the goals of (a) documenting how the jail drug treatment programs operated and what offenders they served and (b) commenting, for use by other jurisdictions, on elements important for successful program implementation. In addition to extensive program information in the form of narratives, specific information key to the process evaluation of these programs was collected. To provide systematic and comparable descriptions of the programs, tables containing a variety of program and offender variables were constructed. Topics included:

- Program setting.
- Eligibility criteria.
- Screening and intake.

- Program services.
- Postcustody links.
- Characteristics of the offenders served, including their self-reported drug use.
- Incarceration information such as sentence length and length of wait before entering program.
- Staffing.
- Organization.
- Program completion and termination rates.

The selection of variables to be recorded and analyzed was aided by a review of existing evaluations of in-custody treatment programs and by discussions with drug treatment program staff in several settings.

The information was compiled by both program and research staff, and, where possible, information was verified through written or computerized sources. Due to the diversity among sites, considerable attention was given to standardizing data collection. The NCCD staff member assigned to a particular site worked closely with program staff to complete the information for each site, using standard written definitions and instructions. To maintain objectivity, efforts were made to avoid estimates from program staff. For example, completion rate information was obtained from an NCCD analysis of data provided from the prospective sample of subjects, rather than from the estimation of individual staff members.

Input from program staff members was deemed critical for the evaluation, however, and information culled for the process evaluation was presented to representatives from all sites at a meeting held at NCCD headquarters in San Francisco on August 2, 1993. The process data presented in this report are the result of many hours of discussion and feedback from program and custody personnel.

Methodological Issues

Aftercare Data

One methodological limitation of this evaluation study was the absence of information about participation in postincarceration aftercare. The hope was to obtain at least some limited information on this variable, since most drug treatment experts agree that without continuation of a structured treatment program, relapse is very likely to occur, thus negatively influencing whatever progress toward abstinence was achieved while in custody.

It was anticipated that official records regarding postrelease program interventions would be inconsistent and, to an indeterminable extent, unreliable. At a minimum, it was planned to code offenders as positive or negative on the aftercare participation variable. Although such a coding would not have captured the length of aftercare treatment or whether or not the person dropped out, it would have allowed a distinction between those who were “lost to treatment” immediately on release and those who attempted to follow through with treatment goals.

Obtaining aftercare participation information proved to be infeasible, given that there was no routine provision for referral agencies to report back to in-custody programs, and because none of the programs except REACH made systematic followup calls to determine if participants in fact began planned aftercare treatment. Additionally, although all the programs provided referrals and several had more extensive aftercare planning, budget cuts tended to affect the aftercare links first, before they affected other aspects of the programs.

As part of the exit interview at some sites, information was obtained regarding the type of anticipated postcustody residence (e.g., institution, halfway house) as well as the type of postcustody supervision (e.g., none, probation, parole). Unfortunately, this information was not available for a large number of subjects, given the nature of data collection procedures at the various sites. For example, for some subjects, exit data were completed from files after the individual had already been released. For many, the postcustody release plans were unknown by the individual completing the forms. Some limited information might have been gathered regarding this variable (e.g., for REACH participants, followup calls were routinely made by the counselor). However, the issues above and the importance of gathering other information led to a decision to focus on reconviction data and to forego attempting to obtain information on aftercare participation.

Drug Use Information

Obtaining self-reported information regarding drug use supplemented by urinalysis results for both treatment and control subjects was also considered. Two of the evaluation sites had the potential for providing some relapse information for at least the treatment group. JET had planned to have staff do regular followup calls to former program participants, which would have included self-report information on drug use. Also, New Beginnings places most of its participants in structured aftercare settings where drug testing and reporting is theoretically possible.

For reasons similar to those discussed above, this aspect of outcome was not pursued. Reliable information about drug usage is difficult to develop because official surveillance of offenders is incomplete and because official reporting systems are often flawed. In addition, the inability to reach clients is almost always a problem in substance abuse research, even when systematic attempts are made to obtain followup data on self-reported or confirmed drug use.

In order for relapse information to be meaningful, careful attention must be paid not only to the number of positive drug tests, but to the proportion of tests that are positive versus negative. Indeed, drug relapse data from sources such as probation would reflect the supervision mechanisms of the local agencies more than the actual incidence of drug relapse. Given the complicated nature of data collection procedures that would have been required to make any meaningful comparisons regarding drug use, this outcome measure was also considered to be beyond the scope of the present evaluation. It is hoped that future studies will be able to include valid and reliable measures of postrelease drug use and thus examine this important outcome.

Recidivism

Despite the limitations of defining effectiveness with one major outcome, defining outcome with respect to recidivism makes sense for several important reasons. First, the information was available for all program sites and was relatively standardized. Thus, the same information regarding time to arrest, number of arrests, and type of arrests was obtained for all eligible subjects through State criminal information systems. This data source also provided information on prior criminal history for both treatment and control subjects.

Additionally, most outcome studies of this nature focus on arrest over a 3- to 6-month postincarceration period. One of the strengths of this evaluation was the ability to assess outcome over a 12-month period. Finally, recidivism as an index of criminal activity has important consequences, not only for the individual under study, but for members of the community affected by the criminal activity and for criminal justice system costs and workloads.

Chapter Five: Program Analysis Results

In this chapter, process (program content) data are presented in detail for each program, so that comparative as well as integrative statements can be made. The information concerning these programs and their participants was collected through a series of site visits and through regular correspondence with program, custody, management information system (MIS), and administrative personnel. The programs, the correctional systems, and the information systems were diverse, making the accumulation of standardized information both challenging and instructive.

The large set of variables was selected through a review of existing evaluations of drug treatment programs, from conversations with program staff, and from questions about what program elements might be important correlates of treatment success. Considerable time was devoted to defining, organizing, and presenting the variables in ways that would be meaningful to both program providers and researchers. For example, to present data on successful program completion rates, the relationship of premature termination of participation in the program to several characteristics of the offender was analyzed.

Program Setting

Treatment providers often express the opinion that the separation of program participants from the general jail population is a crucial element for effective drug treatment. The reasoning is that the participants in a separate setting will not be exposed to the negative influences of inmates who are not motivated to abstain from drugs. Moreover, participants will interact around the clock and build more of a sense of community or alliance while engaging in activities of daily living. Some treatment providers acknowledge that complete segregation does not allow a person to be "tested" and therefore does not prepare him or her for the outside world. Nonetheless, among treatment providers, the feeling is strong that, particularly in the early stages of recovery, segregation from the general prison population is ideal, if not logistically always possible.

As shown in table 5.1, participants in three of the five programs are (or were) completely separated from the general population with respect to all of the activities listed, including dining and recreation. REACH participants were the least separated, with segregation occurring only in housing and in actual program (classroom) activities.

Table 5.1

Program Settings

	JET	DEUCE	REACH	SAID	New Beginnings
Participants separated:					
Housing	Yes	Yes	Yes	Yes	Yes
Substance abuse program	Yes	Yes	Yes	Yes	Yes
Other programs	Yes	No	No	Yes	Yes
Recreation	Yes	Yes	No	Yes	Yes
Dining	Yes	No	No	Yes	Yes
Housing (primary)					
Single cell	Yes	Yes (West Co. only)	No	No	No
Direct supervision	Yes	Yes	No	Yes	Yes
Other supervision	No	No	Yes	TV monitors	TV monitors
Security level	Medium	Minimum and medium	Minimum	Minimum and medium	Medium

Contemporary jail design and management philosophy tend to stress direct supervision of housing areas. Direct supervision means that custody officer stations are located in housing modules. Officers interact directly with prisoners, with no separating barriers such as bars or enclosed control stations. Although the issue remains under discussion, advocates of direct supervision argue that this mode of operation provides better control of inmates and the potential for more responsive inmate services.

Direct supervision is the primary mode of operation in all the housing areas except the REACH dormitories in the Mira Loma facility. REACH participants were classified as minimum security, meaning that they were able to leave and enter their living unit with relatively few restrictions. Participants in JET and New Beginnings were medium security. Those in DEUCE and SAID could have either a minimum- or medium-security classification.

Eligibility Criteria

The next set of process variables address the criteria used to establish program eligibility. As shown in table 5.2, screening of potential participants was conducted by both custody and program staff in all settings except DEUCE, where only custody staff screened participants.

Table 5.2
Eligibility Criteria

	JET	DEUCE	REACH	SAID	New Beginnings
Screening agency	Custody and program staff	Custody staff	Custody and program staff	Custody and program staff	Custody and program staff
Are eligibility criteria applied to a formal screening process?	No	No	Yes	Yes	Yes
Criteria applied ¹ Substance abuse history Offense/criminal history Time in jail Spent Remaining Security classification Dual diagnosis Medical (specific to program) Prior problems in program participation	Yes Yes No Minimum 60 days Medium or minimum No Yes Yes	Yes Yes No No Medium or minimum No Yes Yes	Yes No No Minimum 30 days Minimum No No Yes	Yes Yes No No Medium or minimum No Yes Yes	Yes Yes No Minimum 30 days Medium with special screening No No Yes
Does program include State prison-bound offenders?	Yes	Yes	Yes	Yes	Yes
Are there special incentives to participate?	Sentencing agreement required for some to gain early release	Time off sentences (1 day for every 15 hours of attendance) Discontinued: Community passes (approved by both program and custody staff)	No formal incentives	No formal incentives	No formal incentives

¹ "No" indicates that this issue is not used as a criterion for program eligibility.

Custody screening in each of the programs has been primarily indirect. That is, classification decisions regarding eligibility for housing in certain areas has limited prisoners' access to program housing units.

Stated program eligibility criteria were fairly similar across sites. Three required a minimum amount of jail time remaining (30–60 days) to allow for completion of program elements. DEUCE and SAID, which include large numbers of pretrial prisoners, do not set minimum stay requirements. In New Beginnings, there has been a special screening for out-of-State warrants, violence, and misconduct, in addition to the routine security classification clearance. All looked at criminal history, whether directly or by implication, through custody classification criteria. The classification criteria varied according to the security level of the program housing; even for programs housed in medium-security settings, prisoners with histories of assault or violence could be excluded.

One treatment provider addressed the issue of not accepting those with obvious behavior problems as follows:

I think you really have to try to set something up where you are going to be successful in the beginning. Because if you start off with some of the most difficult people in your system, and then you are less likely to be able to do anything with them, you may not be around for too long. So my recommendation would be to start off with a group that you are hopeful about. They may be amenable to treatment. And then after you've had success with them, move to a more difficult population.

A very large issue for treatment providers is the mental health status of the inmates they serve. Unless a person is dysfunctional, programs try to provide services to the large percentage of substance abusers with significant mental health issues. None of the programs have directly eliminated individuals who have psychiatric problems, including those who had been dually diagnosed (those with a diagnosis of a psychiatric disorder such as posttraumatic stress disorder, major depressive disorder, or antisocial personality disorder, in addition to their substance abuse), as long as they were able and willing to function within the program.

The general impression of the program staff polled, however, is that drug programs are not able to serve this very diverse population well. As one provider put it, "You can have a person who is slightly retarded who uses marijuana and a person who is schizophrenic and uses cocaine. If you think that one program is going to fit both of them, you are going to be in deep trouble." These individuals require a large amount of staff time, in that the appropriateness of their placement in the program often requires continuous reassessment. The issue becomes one of having the ability to

work effectively, either internally or by using resources within the system, with people who have mental health problems.

Those who do exhibit behavior that indicates a serious mental health problem (e.g., expressing a desire to commit suicide, appearing to hear voices, frequently crying) or who request mental health services have been referred to appropriate mental health professionals, either within the program itself or within the jail. For example, Montefiore Rikers Island Health Services (MRIHS) is a private nonprofit organization that provides all medical and mental health services for Department of Correction inmates on Rikers Island. MRIHS has clinics in each facility. Psychiatric emergencies are handled immediately within all programs.

One provider suggested that although most programs have attempted to serve individuals with dual diagnoses, the systems do not seem to support their presence in the programs. In JET, for example, individuals needing a mental health referral were taken out of the program to a completely different jail and often did not end up back in the program after the psychological evaluation. Thus, staff members often debated about whether or not to make a mental health referral when they were fairly certain that the person in question would not get help for drug and alcohol issues.

All five programs accepted individuals who had been enrolled in the program previously, with the provision that no disciplinary problems had occurred. For REACH, potential participants must not have been in "lockup" within the past 30 days and must not have received any jail "tickets" for infractions.

Concern was raised by treatment providers regarding the issue of institutionalization; that is, the resignation on the part of some people that they are going to spend part of their lives out on the street and part in a jail drug program. Some people find jail to be a better and safer place to be than on the street or in a homeless shelter. Thus, the whole stigma about being in jail is different than it used to be, with some program participants stating that they felt more supported and more taken care of in the program than they felt anywhere else. To counter this tendency to recycle, some programs have set a limit on the number of times a person can come back. In REACH, women were able to participate only twice. Providers felt that in the future, programs will increasingly face this issue.

Three programs stated that they had formal criteria based on medical condition. For example, potential participants in DEUCE have been housed in the jail medical unit rather than in DEUCE if they needed 24-hour-a-day medical care. All programs accepted prison-bound offenders as long as their anticipated remaining time in jail met the minimum requirement (i.e., 60 days for JET and 30 days for REACH and New

Beginnings). SAID staff do not “recruit” parole/probation violators. Three programs offer no special, formal incentives—such as shorter jail time—to participate. However, participation by those awaiting sentencing can often be viewed favorably by judges. A reduction in jail time is offered as an incentive at DEUCE and was occasionally implied in sentences for prisoners in JET.

Formal Program Screening and Intake

Table 5.3 presents information on the number of participants “screened” (whether formally or informally) compared with the number accepted into the programs. The number of potential participants (representing monthly averages) has varied greatly by site, with only 21 at JET to almost 800 at SAID. Raw numbers were provided by program staff. NCCD senior research staff, in consultation with program staff, converted raw numbers into percentages that corresponded to the standardized categories.

As discussed earlier, JET and DEUCE have had no formal screening process, and by the time the program staff interview the inmates, the basic criteria regarding substance abuse history and security classification have been applied by custody staff. At JET, program staff were able to refuse possible participants, although this was typically done informally in conversations with custody personnel. This situation is reflected by the absence of any individuals having been formally rejected. Moreover, because inmates at the Elmwood Correctional Facility could be placed in JET by custody staff, the number admitted exceeded the number screened. In DEUCE, a curriculum-based program funded by school districts on an “average daily attendance” formula, there is pressure to keep the DEUCE units full and, therefore, to accept as many prisoners as possible without applying stringent screening criteria.

In contrast, of the approximately 50 women screened for the REACH program each month, 13 percent were rejected. Most (11 percent) did not qualify for the program because they had too little time left in the jail. A small percentage was rejected because of medical problems or previous problems in program participation. Another 6 percent declined to participate after learning of the program requirements.

There are several ways in which inmates have been “referred” to New Beginnings:

- Staff present program information as part of the orientation program for new sentenced inmates.

Table 5.3

Formal Program Screening and Intake

	JET	DEUCE	REACH	SAID	New Beginnings
Mean number "screened" per month	21	130	50	797	67
Percentage rejected because of					
Substance abuse history			0%	1%	0%
Offense/criminal history			0%	0%	0%
Remaining time in jail			11%	0%	0%
Security classification			0%	26%	8%
Dual diagnosis			0%	3%	0%
Medical			<1%	0%	0%
Prior problems in institution or program participation			1.5%	0%	2%
Out-of-State warrants			0%	0%	9%
Other reasons			0%	23%	0%
Total	0%	0%	13%	53%	19%
Mean number placed in program by custody and other sources	10	0	0	247	4
Percentage declining to participate	0%	0%	6%	0%	12%
Total mean number admitted per month (percentage of those screened)	27 (> 100%)	130 (100%)	41 (82%)	413 ¹ (52%)	50 (75%)
Mean number/month placed on waiting list	4	0 ²	0	0	0

¹ Of the 47 percent (N = 375) eligible to participate, only 166 (on average) arrive at the SAID housing facilities.

² There are inmates awaiting entry into DEUCE, but because there are no formal screening decisions, the number of inmates in this category is not routinely identified.

- The Classification Board recommends New Beginnings to an inmate as part of his or her classification process.
- An inmate approaches a counselor, guard, or social worker and asks to be referred to the program.

For each inmate who volunteers for the program, the program counselor or social worker completes a screening form, which is reviewed for substance abuse history, psychiatric problems, and security risk.

From the average monthly figures, of the 67 individuals screened, about 19 percent are rejected. A total of 17 percent are disqualified because of their security classification or the existence of out-of-State warrants. A small number are rejected for prior disciplinary problems, and 12 percent decide not to participate.

SAID tracks screening data on participants screened at New York City Borough Houses only, with approximately 800 cases screened per month. Of this number, 53 percent are rejected. The majority of these rejections are for security classification (i.e., the individual's criminal or behavioral history precludes a minimum- or medium-security level facility). An additional 23 percent are rejected for reasons such as the need for methadone maintenance or an immediate court appearance. The remaining rejections result from a lack of sufficient drug abuse history (1 percent) and the presence of a significant psychiatric treatment history (3 percent). Of the 47 percent eligible to participate ($N = 375$), only 166 actually arrive at the SAID housing facilities.

SAID admits an additional 247 inmates per month; 77 are recruited from Department of Correction overloads housed in SAID beds, 95 are the result of referrals from outside the SAID program, and 75 are recruited from the general Rikers Island population. These result in a total admission count of 413 inmates per month, or slightly more than half the number screened.

In-Custody Program Elements

The elements in table 5.4 refer to regular, integrated parts of the treatment program. All programs reported offering group counseling, individual counseling, drug education, self-help groups, parenting and life skills training, general education classes, and relapse prevention training. Services for mental health and medical care, including elective HIV counseling and testing, are available in all of the correctional facilities; in New Beginnings, they are part of the program itself. It is clear that drug treatment programs in jail and elsewhere must be able to respond to public health concerns such as the high risk of HIV and tuberculosis infection among substance abusers.

All but SAID use a phase model of treatment, with time as the major criterion for progression. That is, participants do not formally "graduate" from or "pass" to each phase; instead, they move to the next phase after spending the requisite time in the prior phase, regardless of performance. Contra Costa's DEUCE program shows three to four phases because there are occasional "pre-DEUCE" groups for those awaiting placement in the program. Some JET and REACH participants went on to a "fourth" phase as alumni or mentors if their sentences were longer than 90 days.

Table 5.4

In-Custody Program Elements

	JET	DEUCE	REACH	SAID	New Beginnings
Program approach	Biopsychosocial	Biopsychosocial	Biopsychosocial	Biopsychosocial	Biopsychosocial
Elements in program					
Group counseling	Yes	Yes	Yes	Yes	Yes
Individual counseling	Yes	Yes	Yes	Yes	Yes
Drug education	Yes	Yes	Yes	Yes	Yes
Self-help groups ¹	Yes	Yes	Yes	Yes	Yes
Parenting	Yes	Yes	Yes	Yes	Yes
Life skills	Yes	Yes	Yes	Yes	Yes
Education/general equivalency diploma preparation	Yes	Yes	Yes	Yes	Yes
Vocational education	Yes	Yes	No	Yes	Yes
Relapse prevention	Yes	Yes	Yes	Yes	Yes
Mental health/medical care	In jail	In jail	In jail	In jail	In program
AIDS testing available	Discontinued in program; testing in jail	In jail	In jail	In jail	In program
Program Schedule					
Phase	Yes	Yes	Yes	No	Yes
Number of phases	3-4	3-4	3-4	N/A ²	3
Criteria	Time	Time	Time	N/A	Time and counselors' assessment
Total hours per week in program (organized or supervised activity) ³	26.5	30	30	76	70
Drug testing done	Yes	Yes	Yes	No	Yes
Random	Yes	Yes	Discontinued 1/1/93	N/A	Yes
By request	Yes	Yes	Yes	N/A	Yes

¹ Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous.

² N/A, not applicable.

³ These totals have been reported by program staff and may include activities that are not clearly therapeutic.

The total number of hours per week spent in program activities has varied greatly among the programs. Although living in a separate housing unit may be part of the program approach, hours were not included in table 5.4 unless they were in organized or supervised program activities. The large number of hours for SAID, for example, represents 12 hours of program activities each weekday and 8 hours each on Saturday and Sunday. This much face-to-face or focused time relates to a "community setting" philosophy. Drug testing has been a part of all programs except SAID and is conducted both randomly and by request, except at REACH, where random testing was discontinued in January 1993. Testing on an "as-needed" basis continued at REACH until the program ended in July 1993. Treatment providers reported that, in most cases, the level of testing for drugs has been less than ideal because of the cost of such testing.

Organization and Funding

Table 5.5 summarizes the organization and funding of the five drug treatment programs. As shown, decisions regarding program design have been made primarily by the agency charged with the administration of the program. The exception is the SAID program, where program staff reported that they make such decisions. In all locations, disciplinary issues have involved custody staff. At SAID and New Beginnings, program staff have also been involved.

The programs have had a variety of State, county, and local funding sources; only SAID has been funded by a single agency. State education funds have been available to DEUCE, and local school district funds were available to REACH. Correctional agencies have provided funds for REACH, SAID, and New Beginnings. Inmate welfare funds have contributed to JET, DEUCE, and REACH.

Staffing

Table 5.6 summarizes staffing approaches in the five sites. Given different modes of operation, cross-site comparisons of treatment and/or custody staff should be made with caution. (For example, "treatment" staff may include some with administrative duties; "custody" staffing patterns involve different specifications for escort and housing module roles.)

Table 5.5
Program Organization and Funding

	JET ¹	DEUCE	REACH	SAID	New Beginnings
Agency primarily responsible for:					
Treatment program design decisions	County Health Department's Bureau of Alcohol and Drug Abuse Programs	County Board of Education	Hacienda La Puente Unified School District	Program staff	Westchester County Medical Center for Correctional Health Services
Prisoner discipline	Custody staff	Custody staff	Custody staff	Program and custody staff	Program and custody staff
Supervision of treatment staff	Bureau of Alcohol and Drug Abuse Programs	Board of Education and County Sheriff's Program Coordinator	Unified School District	Department of Correction	Director of New Beginnings
Screening of participants	Custody and program staff	Custody staff	Custody and program staff	Custody and program staff	Custody (Classification Board) and program staff
Funding source(s)	Santa Clara County General Funds (until fiscal year 1992-1993); thereafter, Inmate Welfare Fund	Adult education State funds Inmate Welfare Fund	Hacienda La Puente Unified School District Inmate Welfare Services Commission Los Angeles County Sheriff's Office	New York City Department of Correction	Westchester County Department of Correction New York State Substance Abuse Services

¹ JET staffing and funding does not include education staff, funded by Milpitas Adult Education, who worked in JET and other custody units.

Table 5.6
Program Staffing

	JET	DEUCE	REACH	SAID	New Beginnings
Number of budgeted positions ¹					
Treatment	4	5 part-time 3 full-time	4	7.25 ²	11
Custody (during program hours)	1.0	3.0	0.33 ³	2.0 ²	9.0
Counselor/participant ratio	1:16	1:25	1:16	1:14	1:10
Credentials/training required for counseling staff	B.A. or 2 years' college plus at least 2 years' experience as a rehabilitation counselor	At least 5 years' coursework in substance abuse counseling or 5 years' validated experience plus 9 units in adult education training	B.A.; adult education credential; background in chemical dependency	B.A. and 2 years' experience or 5 years' counseling experience	Case Manager I = high school + 1 year experience Case Manager II = credited alcohol counselor, high school + 1 year experience
Middle of pay range for treatment staff (not including benefits)	Rehabilitation Counselor, \$35,000	Instructor, \$40,000	Instructor/Counselor, \$37,500	Counselor Addict, \$29,500 Senior Counselor Addict, \$35,600 Supervisor Counselor Addict, \$39,300	Case Manager I, \$29,400 Case Manager II, \$35,300 Social Worker, \$43,200 ½ FTE Nurse, \$25,800
Does program staff include those in recovery?	Yes	Yes; 3-5 years' sobriety required	Yes	Yes	Yes

¹ Includes staff directly assigned to supervision and treatment/education of program participants; does not include administrative personnel or those who occasionally escort participants.

² For SAID, the staffing numbers are for a typical 100-bed unit.

³ In REACH, one custody officer covered the REACH dormitory and two other dormitories. The program was in separate classrooms, with no custody officers assigned to them.

Table 5.6

Program Staffing (continued)

	JET	DEUCE	REACH	SAID	New Beginnings
Do custody and treatment staff receive cross training?	Discontinued	Some	Some	Some	Some
Are custody staff post assignments longer or shorter?	Longer (voluntary)	Longer (voluntary)	No	Longer	Longer
Is inmate/custody staff ratio different in program unit?	No	No	No	Fewer custody officers	Fewer custody officers
Treatment staff composition					
Sex					
Male	80%	37.5%	25%	75%	57%
Female	20%	62.5%	75%	25%	43%
Race/ethnicity					
Caucasian	40%	87.5%	50%	10%	29%
African American	60%	12.5%	50%	79%	71%
Hispanic	0%	0%	0%	11%	0%
Asian	0%	0%	0%	0%	0%
Other	0%	0%	0%	0%	0%
Administrative staff	Program Director	Director of Alternative Education Program Administrator	REACH Director for Hacienda La Puente Unified School District	Executive Director Director of Operations Clinical Director Director of Planning and Analysis	Director of Substance Abuse Services Program Director

The ratio of treatment staff to clients has been fairly consistent across sites. In four of the sites, there were between 10 and 16 clients per treatment staff member; the DEUCE site was higher because staff levels have been set at 1:25 by an education funding formula. (Staffing levels at DEUCE have also fluctuated because they are tied to enrollment levels.) At two of the sites, SAID and New Beginnings, custody staffing levels have been lower than in comparable units when the program is in operation. In JET and DEUCE, programming has taken place at the housing unit, but custody staffing levels were not affected. Custody staff in the Los Angeles program were assigned at the ratio of one officer for every three dormitories; one officer was responsible for REACH and two other dormitories. REACH programming took place in a classroom rather than in the living unit, with no custody staff assigned to the classroom.

REACH required that treatment staff have bachelor's degrees, but the other programs have allowed for varying mixes of education and experience. Mid-range pay scales (excluding benefits) were clustered on the \$30,000 to \$40,000 per year range across all sites. Treatment staff at all five sites have included persons in recovery from substance abuse problems.

In JET, SAID, and New Beginnings, a majority of staff were men. REACH, which was for female prisoners exclusively, and DEUCE, in which about a third of clients have been women, have had more female than male staff members. Almost all staff were either Caucasian or African American at the time of this study. There were no Asian staff at any of the sites, and only SAID had any Hispanic staff, despite the fact that client populations included from 15 to 40 percent Hispanics. Treatment providers from these programs believed that the most effective staff is culturally sensitive. That is, the staff reflects ethnically the population served. No one felt the hiring of ex-addicts or ex-offenders was a good or bad idea per se.

Program staff felt that the key to successful staff functioning, whether professional or paraprofessional, is on-the-job support. Counselors need a clear sense of the program philosophy and parameters and support for adhering to them. It was also noted that some States are establishing guidelines for chemical dependency counselors that include a very stringent procedure for obtaining credentials, based on required education and an internship or some other form of extensive training.

At all sites, selection of treatment staff has been primarily the responsibility of the treatment program, although custody officials have vetoed proposed treatment staff if they did not pass security clearances. All sites have had at least some cross training of custody staff, although this has typically been limited to a few hours. In Contra Costa County, DEUCE

and custody officials plan to strengthen cross training using short briefings on a regular basis regarding, for example, security issues or program curriculum changes. In all sites, program administration has been the responsibility of noncustody officials, whether from substance abuse agencies or school districts.

Program personnel thought of themselves as somewhat of a separate, neutral entity within the jail system. This status was perceived as having both advantages and disadvantages. The treatment staff felt that treatment was enhanced when the inmate viewed them as separate from custody staff. However, there was strong agreement that mutually supportive relationships with custody staff were vital for being able to do one's job as a treatment provider. For example, custody staff control the movement within the jail, so treatment staff must have the clout to get from one location to another to have access to jail resources.

At all the sites but REACH—where officers covered other units in addition to REACH—custody assignments to treatment units have been more stable than in comparable housing units. In discussions with both treatment and custody staff, consistency was a theme that appeared again and again. Stability and consistency are needed in policies governing who provides custodial coverage, how infractions and movement issues are handled, and how custody staff are involved in ongoing training on program issues.

Aftercare Program Links

The next set of process data has to do with aftercare planning and postcustody links. All treatment providers understand the importance of postprogram aftercare and, at the same time, must work under the constraints of limited budgets that do not permit extensive aftercare planning, services, or supervision. The lack of interagency cooperation was also seen by some program staff as a major obstacle to effective postrelease treatment. The pictures are very mixed for the programs evaluated, with some aftercare services having been discontinued over the course of the evaluation.

In general, all five programs have offered at least some aftercare planning (see table 5.7). For most programs, treatment staff tended to characterize their level of planning as extensive. In some programs, however, the realities of participant flow restricted the delivery of aftercare services. In DEUCE, information on postcustody treatment resources has been provided, but little formalized case-management planning has occurred. Participants in the other programs were encouraged, whenever

possible, to develop specific case plans that included the identification of particular postcustody treatment programs. For example, in the REACH program, aftercare planning was incorporated into all phases of the program. Each participant prepared detailed exit and recovery plans, which were discussed with her counselor. Assistance was provided in locating an appropriate program based on the participant's individual needs. Although most participants were also sentenced to probation, direct REACH ties with the Probation Department had to be cut several months before the program ended, due to budgetary considerations.

Table 5.7

Aftercare Program Links

	JET	DEUCE	REACH	SAID	New Beginnings
Aftercare planning					
Referrals	Yes	Yes	Yes	Yes	Yes
Extensive	Yes	No	Yes	No	Yes
Is aftercare a condition of release and/or probation?	Sometimes	No	No	Sometimes	Yes, for felons

Until this aspect of the REACH program was discontinued, some aftercare program representatives came to the correctional facility and conducted intake interviews or, alternatively, did intakes by telephone. The program staff spent a great deal of time assisting the women in writing, calling, and following up with programs identified as suitable for their needs. Of the more than 30 live-in drug programs in Los Angeles and surrounding counties with which REACH was in contact, women were "regularly" placed in about 15.

For all programs except DEUCE, aftercare is (or was) sometimes a condition of release from jail and/or probation. This was a condition for REACH participants early in the program but was discontinued before this study began. SAID participants may have aftercare as a condition for a split sentence or as a stipulation for early release. At a minimum, a package of citywide inpatient and outpatient substance abuse treatment programs is given to each participant, including the large number who are released with no supervision on a typical pretrial release. For several sites, a significant percentage of program participants go on to serve a prison sentence. SAID staff try to work with participants who receive State prison

terms to develop “aftercare” plans. SAID does refer these inmates to prison-based programs in the State system, although no information is available to staff regarding the number of individuals actually participating in prison drug programs as a result of these referrals.

Inmates sentenced to local incarceration may also enter another jail-based treatment program on, or shortly after, their transfer to a local sentenced facility, with the referral being made by SAID. The program does not have any hard data, however, on the number of State-bound offenders who actually succeed in gaining admission into community-based programs or the number of SAID participants continuing treatment in another jail.

Postcustody treatment in JET was largely voluntary. Prisoners constructed an aftercare plan with counselors and were given referrals to various community programs. Often, a letter was sent to a probation officer informing him or her of the inmate’s aftercare plans and encouraging support for them. The “Next Step” programs under the same organizational umbrella as JET provided significant aftercare services for some JET participants. Counselors from Next Step conducted exit planning sessions with JET clients. Next Step also provided direct services for interested JET graduates; individual, group, and family counseling were available, on a voluntary basis, to help maintain recovery during the transition from incarceration to community living.

In New Beginnings, there is a link to community-based drug treatment programs for all participants and a Direct Treatment Alternative to Incarceration (DTAI) for felons. All participants (most will have probation time) are strongly encouraged to enroll in either inpatient or outpatient community treatment programs on release. The counselors contact the programs, and if it becomes necessary to be placed on a waiting list, participants are assisted with temporary housing until bed space becomes available. If an individual has difficulty with the community treatment program, New Beginnings staff will provide a list of referrals and arrange a new community placement. Staff estimate that this occurs in about 5 percent of cases. Of the estimated 60 percent who enter community aftercare directly from the program, about 40 percent go to outpatient programs and 20 percent go to inpatient programs.

In the DEUCE program, a formal aftercare component has never been available to participants, who, for the most part, go on to probation or county parole. Instructors do refer students to existing services and agencies, however, through an informal and unstructured process. Based on an internal program assessment during the fall of 1993, DEUCE planned

to increase prerelease contacts with community programs, especially Alcoholics Anonymous and Narcotics Anonymous.

Characteristics of Offender Treatment Sample

The demographic and background characteristics of the program participant sample ($N = 722$) are presented in table 5.8. The data are presented separately for each of the programs as well as for the total sample. There was substantial variation among the treatment programs, but overall, about one-third of the sample was Caucasian and 38 percent African American. Relatively speaking, a small percentage (13 percent) in the JET program were African American and a very small percentage (7 percent) in the SAID program were Caucasian. The other programs had a less pronounced racial majority. The reader should be reminded at this point that although process data for SAID has been presented as a whole, the sample of SAID participants on which the descriptions and outcome analyses are based came from the part of SAID serving adult male detainees, housed within the George Motchan Detention Center.

Approximately one-quarter of the total sample were of Hispanic origin, with a range from 40 percent at SAID in New York City to 14 percent each at DEUCE in Contra Costa County, California, and New Beginnings in Westchester County, New York. More than half have never been married. Two-thirds of the sample were male and one-third were female.

Although these data were not available for the two New York sites⁷, almost half of the sample in the other three programs reported renting or owning a home. Between 30 and 39 percent were living with a relative at the time of their arrest. Over one-quarter of those in the all-female REACH program reported being homeless. The vast majority of program participants were not working at the time of arrest, although over one-fifth of the DEUCE sample reported having a legal, full-time job.

Forty-four percent of the total sample reported less than a high school education, and almost 40 percent reported having finished high school or having acquired a GED. Another 18 percent reported having attended at least some college, with figures ranging from only 11 percent at SAID to almost 30 percent within the JET program. The average age at admission was very similar across the evaluation sites and was between 31

⁷ For the two New York sites, consistent and reliable information regarding residence and employment could not be obtained from program records or from computerized files sent to NCCD from the Department of Correction.

and 32 years (standard deviation = 8 years). Staff members from several programs thought that the sample might be skewed slightly in the direction of older inmates. That is, they felt that program participants were somewhat older than those in the general jail population, and that perhaps the older program participants would be more likely to consent to study participation.

Table 5.8
Characteristics of Offender Treatment Sample

	JET (N = 102)	DEUCE (N = 192)	REACH (N = 135)	SAID (N = 202)	New Beginnings (N = 91)	Total (N = 722)
Gender						
Male	100.0%	54.7%	0.0%	100.0%	70.3%	66.5%
Female	0.0%	45.3%	100.0%	0.0%	29.7%	34.5%
Race/ethnicity						
Caucasian	51.0%	44.7%	40.3%	6.7%	27.5%	32.2%
African American	12.7%	33.2%	27.6%	53.3%	58.2%	37.9%
Hispanic	29.4%	14.2%	28.4%	40.0%	14.3%	26.1%
Other	6.9%	7.9%	3.7%	0.0%	0.0%	3.8%
Marital status						
Never married	47.1%	40.8%	40.7%	73.5%	58.4%	52.9%
Married/common-law	21.6%	23.6%	14.8%	20.4%	21.3%	20.5%
Widowed/separated/ divorced	31.4%	35.6%	44.4%	6.1%	20.2%	26.6%
Residence						
Homeless	10.6%	9.9%	26.7%	N/A ¹	N/A	15.5%
Living with relative	37.6%	29.7%	38.5%	N/A	N/A	34.2%
Renting/homeowner	51.8%	54.7%	30.4%	N/A	N/A	46.1%
Other	0.0%	5.7%	4.4%	N/A	N/A	4.1%
Employment (legal)						
Full-time (≥35 hr/wk)	3.9%	21.7%	5.9%	N/A	N/A	12.4%
Part-time	3.9%	10.6%	9.6%	N/A	N/A	8.7%
Not working	92.2%	67.7%	84.5%	N/A	N/A	78.9%

¹ N/A, not available.

Table 5.8
Characteristics of Offender Treatment Sample (continued)

	JET (<i>N</i> = 102)	DEUCE (<i>N</i> = 192)	REACH (<i>N</i> = 135)	SAID (<i>N</i> = 202)	New Beginnings (<i>N</i> = 91)	Total (<i>N</i> = 722)
Education						
< High school graduate/GED ¹	25.5%	34.3%	59.7%	52.6%	38.9%	43.5%
HS/GED	45.1%	47.0%	20.1%	36.5%	44.4%	38.3%
Some College+	29.4%	18.8%	20.1%	10.9%	16.7%	18.2%
Age at program admission (years)	(<i>N</i> = 101)	(<i>N</i> = 189)	(<i>N</i> = 135)	(<i>N</i> = 191)	(<i>N</i> = 86)	(<i>N</i> = 702)
Average	32.1	32.4	30.7	31.1	31.5	31.6
Standard deviation	8.4	7.4	6.1	7.8	7.5	7.5
Median	31.0	31.7	30.0	30.5	30.4	31.1
Prior drug treatment	64.7%	42.2%	44.4%	25.4%	76.7%	45.4%
Outpatient rehabilitation/ counseling	19.6%	13.0%	6.7%	N/A ²	N/A	12.6%
Inpatient rehabilitation/ detoxification	35.3%	13.0%	13.2%	N/A	N/A	18.4%
Residential treatment	5.9%	9.9%	11.9%	N/A	N/A	9.6%
Prison/jail program	0.0%	5.7%	1.5%	22.4%	N/A	9.1%
Other	2.0%	1.6%	12.6%	N/A	N/A	5.1%
Alcoholics Anonymous/ Narcotics Anonymous	51.0%	25.5%	17.8%	N/A	N/A	29.1%
Offense (current, pending)						
Person	11.8%	7.4%	4.4%	22.4%	3.3%	10.9%
Property	23.5%	25.9%	18.5%	21.3%	50.0%	26.0%
Drug	55.9%	45.5%	50.4%	50.3%	24.4%	46.5%
Prostitution	0.0%	1.1%	20.0%	0.5%	2.2%	4.6%
Probation/parole violation	1.0%	10.1%	3.0%	0.0%	13.3%	5.2%
Other (e.g., weapons and traffic violations, failure to appear [FTA])	7.8%	10.1%	3.7%	5.5%	6.7%	6.9%

¹ GED, general equivalency diploma.

² N/A, not available.

The overall proportion reporting some form of prior treatment for substance abuse was 45 percent. This ranged from one-fourth at SAID to over three-fourths at New Beginnings. A little more than 46 percent of the study participants were currently in jail under arrest for a drug offense, with the proportion lower at New Beginnings (24 percent). This site had more offenders whose primary current or pending offense was a property crime. In the all-female REACH program, a fifth had been arrested for prostitution.

Self-Reported Drug Use for Treatment Sample

Reported drug use (defined as having used in the 30 days prior to arrest) also varied greatly from site to site (see tables 5.9 and 5.10). Overall, the vast majority of subjects reported multiple drug abuse rather than the abuse of a single drug. Across the five sites, 62 percent of the sample reported using alcohol, 26 percent heroin, and 65 percent cocaine. Eighteen percent of the DEUCE sample reported that they had not used any drugs in the 30 days prior to arrest. While there may be some underreporting here, this is consistent with the earlier description of DEUCE, which mentioned the fact that some “students” enrolled to gain information on topics such as self-esteem, parenting, and codependency.

Table 5.9

Self-Reported Drug Use for Treatment Sample for the 30 Days Prior to Arrest

	JET (N = 102)	DEUCE (N = 192)	REACH (N = 135)	SAID (N = 202)	New Beginnings (N = 91)	Total (N = 722)
Any drug use ¹	100.0%	82.3%	100.0%	95.5%	100.0%	94.0%
Single drug use	12.7%	40.1%	22.2%	16.3%	9.9%	22.4%
Multiple drug use	87.3%	42.2%	77.8%	79.2%	90.1%	71.6%
Average number of drugs used	2.6	1.8	2.6	2.4	3.4	2.4
Any alcohol use	82.4%	52.6%	52.6%	57.9%	79.1%	61.6%
Any heroin use	19.6%	13.5%	33.3%	26.7%	48.4%	26.2%
Any cocaine use	58.8%	38.0%	76.3%	74.3%	87.9%	64.5%

¹ Eighteen percent of the DEUCE sample and 4 percent of the SAID sample reported that they had not used any drugs in the 30 days prior to arrest. Therefore, the single drug use versus multiple drug use categories do not sum to 100% for these two sites.

Table 5.10

Self-Reported Drug Use Patterns¹ for Treatment Sample for the 30 Days Prior to Arrest

	JET (N = 102)	DEUCE (N = 192)	REACH (N = 135)	SAID (N = 202)	New Beginnings (N = 91)	Total (N = 722)
Alcohol only	7.8%	18.2%	1.5%	4.0%	6.6%	8.2%
With opiates	10.8%	8.3%	16.3%	11.4%	36.3%	14.5%
With cocaine	48.0%	21.4%	41.5%	43.6%	69.2%	41.1%
With amphetamines	10.8%	12.0%	10.4%	5.0%	12.1%	9.6%
With marijuana	34.3%	15.1%	20.7%	31.2%	46.2%	27.3%
With hallucinogens	25.5%	3.6%	5.2%	N/A ²	N/A	9.3%
Heroin only	2.0%	1.6%	1.5%	1.5%	0%	1.4%
With cocaine	11.8%	8.9%	25.9%	21.3%	46.2%	20.6%
With amphetamines	3.9%	5.7%	4.4%	5.0%	11.0%	5.7%
With marijuana	2.9%	5.2%	9.6%	10.9%	29.7%	10.4%
With hallucinogens	2.9%	2.6%	5.9%	N/A	N/A	3.7%
Cocaine only	2.0%	11.5%	14.1%	8.4%	2.2%	8.6%
With amphetamines	6.9%	8.9%	7.4%	6.4%	13.2%	8.2%
With marijuana	21.6%	10.9%	23.7%	34.7%	51.6%	26.6%
With hallucinogens	18.6%	4.2%	8.9%	N/A	N/A	9.1%

¹ Percentages within the three major categories of alcohol, heroin, and cocaine do not sum to 100% as the categories are not mutually exclusive. For example, the same individual could have reported using alcohol with opiates and using alcohol with cocaine during the 30 days prior to arrest.

² N/A, not applicable.

For those reporting the use of alcohol, the most common pattern for all sites was the use of alcohol and cocaine. Sixty-nine percent of the New Beginnings sample reported using this combination of drugs during the 30 days prior to arrest. The use of alcohol and marijuana was also fairly commonly reported, for example, by 46 percent of those in the New

Beginnings sample and 34 percent in JET. Over one-quarter of the JET sample reported using alcohol in combination with hallucinogens. The number reporting the use of hallucinogenic drugs was quite small in the other sites for which data were available.

The combined use of heroin and cocaine was reported by about 20 percent of the total sample. The largest proportions of subjects reporting heroin and cocaine use were in New Beginnings (46 percent) and REACH (26 percent). More marijuana use was again reported by the New Beginnings sample, this time in combination with heroin.

The use of cocaine and marijuana was commonly reported across all sites. Over half of the New Beginnings sample reported having used cocaine with marijuana during the 30 days prior to arrest. Between 11 and 35 percent of those in the other programs reported such use.

Incarceration Information for Treatment Sample

As can be seen in table 5.11, REACH participants, as well as those sampled from the JET program (prison-bound inmates were excluded) were virtually all sentenced. Although the number of sentenced individuals in the SAID program was relatively small, all in the present SAID sample (over 200 male detainees) were unsentenced. Slightly more than half of the DEUCE sample and three-quarters of the New Beginnings sample were sentenced.

The average sentence length ranged from 185 days (about 6 months) for DEUCE participants to 259 days (8.6 months) for those in JET. Sentence length varied greatly within all programs, reflected by standard deviations (indexes of the range or variability within the distribution) in excess of 100 days. The actual amount of time spent in jail averaged 133 days (4.4 months), once again with large standard deviations. The length of time spent prior to being admitted to the program also varied by site, from a low of 3 weeks in Contra Costa County to a high of almost 2 months for those in Santa Clara County and those in the New York City Department of Correction.

REACH participants spent the shortest amount of time in the program, with an average of less than 2 months. Participants in JET and New Beginnings spent, on average, over 3.6 months in the program. In JET, this figure does not reflect the actual average of all inmates who entered the program. As noted earlier, several JET clients were excluded from the current sample because they were transferred to State prison. The impact on average length of stay is not known because length of stay data

Table 5.11

Incarceration Information for Treatment Sample

	JET	DEUCE	REACH	SAID	New Beginnings	Total
Legal status	(N = 102)	(N = 192)	(N = 135)	(N = 202)	(N = 91)	(N = 722)
Sentenced	93.1%	50.5%	97.0%	0.0%	76.9%	54.4%
Unsentenced	6.9%	49.5%	3.0%	100.0%	23.1%	45.6%
Sentence length (days)	(N = 95)	(N = 102)	(N = 131)	N/A ¹	(N = 61)	(N = 389)
Average	259	185	217		239	222
Standard deviation	128	110	121		135	125
Median	270	180	180		213	180
Days in jail (includes program time)	(N = 95)	(N = 183)	(N = 128)	(N = 166)	(N = 81)	(N = 653)
Average	185	114	97	160	118	133
Standard deviation	74	77	44	112	76	87
Median	176	98	81	138	100	118
Days from jail admission to program admission	(N = 100)	(N = 186)	(N = 135)	(N = 184)	(N = 68)	(N = 673)
Average	53	21	35	59	35	40
Standard deviation	46	36	28	79	45	54
Median	42	9	27	26	19	22
Days in program	(N = 102)	(N = 172)	(N = 135)	(N = 190)	(N = 86)	(N = 685)
Average	108	78	54	80	113	83
Standard deviation	53	62	28	69	92	65
Median	103	68	46	57	94	68

¹ N/A, not applicable.

were not collected on participants excluded from the sample. As is the case with the other “incarceration” variables, much variation occurred with respect to the number of days actually spent in these programs. Standard deviations ranged from 1 month for REACH to 3 months for New Beginnings.

When the designed length of stay (for those sites reporting a specified length) is compared with the actual average length of stay in the program, only JET participants remained in the program as long or longer than called for by the program design. The longer stay in JET is partly a result of sample selection techniques; participants who were transferred to State prison, often before completing the program, were excluded from the sample. In addition, JET participants were allowed to remain in the unit after they completed the 90-day program, pending release from jail or formal graduation ceremonies, which took place about every 6 weeks.

While JET, DEUCE, and REACH were all designed for a 3-month completion, those in DEUCE and REACH left too early—about 12 days and 36 days, respectively. The SAID and New Beginnings programs have no particular length of stay built into their designs. New Beginnings participants remained in the program for almost 4 months and SAID participants almost 3 months.⁸ The reasons for early program exits will be discussed in the following section.

The fact that lengths of stay in jail are relatively short and, to some extent, unpredictable, makes it difficult for program staff to identify an individual’s “end point” in the treatment program and to tailor the pace of the program to individual needs and level of progress. Moreover, this situation could have been exacerbated by fiscal crises in many jurisdictions. For example, in REACH, a treatment provider explained that for a 6-month period, changes in staffing time allocations and accelerated “kick-out” dates had devastating and chaotic effects on the program.

Program Completion Rates for Sample

Table 5.12 presents information on length of time in program in a somewhat different format. Here it can be seen that with the exception of

⁸ It should be noted that the average length of program stay (83 days) found for the study sample was much longer than the length of the average stay perceived by the SAID staff members reviewing the data. As noted, a large amount of variation existed, indicating some individuals did indeed stay for shorter periods of time. The relatively long length of stay found here may be related to the fact that only part of SAID was studied—that for adult male detainees. These individuals may have stayed longer than other SAID participants. Additionally, the case selection process was likely to have been a factor, since inmates with very short lengths of stay were less likely to have been recruited and to have a complete case file from which to access data.

those in the REACH program, the majority (62.3 percent, the average of the other 4 programs) of participants in the sample were able to spend more than 2 months in the program. Most REACH participants remained in the program for 1 to 2 months. The proportion actually completing the drug treatment programs varied considerably by site, from 10 percent at REACH to 68 percent at JET. Although SAID and New Beginnings have no specified length to their program designs, the "completion" variable is relevant to New Beginnings, in that even those who stay in the program for a relatively short duration can be awarded a certificate of completion if, in the counselors' view, they have actively participated in the program. The

Table 5.12

Program Completion/Termination Rates for Sample

	JET (N = 102)	DEUCE (N = 192)	REACH (N = 135)	SAID (N = 202)	New Beginnings (N = 91)	Total (N = 722)
Designed length of stay	3 months	3 months	3 months	None	None	N/A ¹
Actual length of time in program						
< 1 month	5.9%	21.5%	13.3%	26.3%	7.0%	17.1%
1-2 months	13.7%	25.0%	56.3%	25.8%	25.6%	29.8%
> 2 months	80.4%	53.5%	30.4%	47.9%	67.4%	53.1%
Percentage "completing" program	67.6%	16.8%	10.4%	N/A	64.0%	24.3%
Other program exit types						
Exit at release from jail (prior to "completion")	15.7%	66.3%	63.7%	20.7%	7.9%	38.8%
Expulsion for rule violation	11.8%	9.5%	19.3%	11.9%	20.2%	13.7%
Voluntary exit prior to completion or release	4.9%	6.8%	1.5%	20.7%	2.2%	8.7%
Transfer to another jail or prison	0.0% ²	0.0% ²	2.2%	32.6%	5.6%	10.0%
Other	0.0%	0.5%	3.0%	14.0%	0.0%	4.5%

¹ N/A, not applicable.

² Inmates who transferred to another incarceration location were excluded from the JET and DEUCE samples.

average length of program stay for those obtaining such a certificate was 131 days, or 4.4 months.

Table 5.12 also includes information on the type of program exit. The categories used in this study were (a) jail release prior to completion, (b) expulsion for rule violation, (c) voluntary withdrawal from the program, (d) transfer to another jail or prison, or (e) some other reason. For DEUCE and REACH, the primary reason for not completing the program was exit from jail. Approximately 64 to 66 percent of the participants sampled from these two programs “failed” to complete the program as designed due to release from jail. Release from jail was also a major reason for leaving SAID, although as mentioned above, the idea of program completion is not considered applicable to this program.

Approximately one-fifth of the participants in REACH and New Beginnings were expelled from these programs for a rule violation. For SAID, as many individuals elected to drop out of the program (20.7 percent) as left the program because of jail release. Relatively few individuals in the other programs (fewer than 10 percent) voluntarily left treatment.

For the SAID program, the most common reason for leaving the program was transfer to another jail or prison. Almost one-third of those exiting the program did so for this reason. Other possible reasons for exiting SAID (i.e., coded as the “other” category) included transfer for mental observation, placement in another jail-based program, or failure to return to the facility after a court appearance.

Some differences in data are attributable to the variation in research methods from site to site with respect to whether prison-bound inmates were to be included in the sample. In JET and DEUCE, these individuals were eliminated on an a priori basis from the study sample, given the fact that recidivism data would not be available. This procedure undoubtedly skewed the “completion” rate for these programs where completion was time based. For the other sites, those who were prison-bound were included in the descriptive part of the evaluation.

Impact of Client Characteristics on Program Completion

As discussed, the proportion of individuals who actually “completed” the programs varied considerably by site. For purposes of examining the relationship between offender characteristics and the important intermediate outcome of program completion, the program completion variables described earlier were dichotomized. The categories

were (a) premature termination, either due to a rule violation or as a voluntary exit from the program prior to completion or release, and (b) no termination (i.e., either actual program completion or exit due to transfer or release).

The rationale was that the two types of exit comprising the “premature termination” variable represented individuals who clearly and overtly acted in a way to prevent program completion. Obviously the “no termination” group may include some individuals who may have dropped out of treatment or been expelled from the program had they not been transferred or released. Despite this, the “termination” versus “no termination” dichotomy as described represents the most reasonable way to identify those who were clearly unsuccessful in the programs. In this way, individual offender and program characteristics can be examined with respect to “treatment failure” rates.

A series of chi-square analyses was conducted to compare the participants who did not terminate participation in the program with those who did (again, through voluntary or involuntary means). The results of these analyses are presented in table 5.13. As shown, the variables of sex, homelessness, employment, prior drug treatment, offense, and single (vs. multiple) drug use had no statistically significant relationship to this outcome.

The race/ethnicity variable was related to program outcome, however. Compared with either African Americans or Hispanics, Caucasians were significantly less likely to drop out of or be dismissed from the treatment programs. In fact, the proportion of minority offenders who experienced these negative outcomes was more than twice the proportion of whites who did (see figure 5.1).

Reporting a history of mental illness or psychiatric treatment was also related to poor program outcome. Almost 38 percent of those who said they had a history of mental illness had unsuccessful program terminations (as they are defined here) compared with 22 percent of those who denied having such a history (see figure 5.2).

The final variable related to termination versus nontermination status was age. For this variable, the distribution of ages was examined and the sample was divided roughly into thirds. As shown in table 5.13, the younger age group (those between 18 and 28 years) were significantly more likely to be classified as having terminated participation in the program. Thirty-five percent in this younger age group were either asked to leave the program or elected to leave, as compared with 20 percent and 19 percent for the other age groups, respectively (see figure 5.3).

Table 5.13

Offender Characteristics and Program Termination

	No Termination	Premature Termination
Sex¹		
Male	75.1%	24.9%
Female	79.1%	20.9%
Race/ethnicity²		
Caucasian	87.4%	12.6%
African American	71.3%	28.7%
Hispanic	70.4%	29.6%
Homelessness¹		
Homeless	72.7%	27.3%
Not homeless	76.8%	23.2%
Employment¹		
Employed	78.1%	21.9%
Unemployed	81.4%	18.6%
History of mental illness³		
Yes	62.3%	37.7%
No	78.4%	21.6%
Age²		
18-28	64.7%	35.3%
29-34	80.5%	19.5%
≥ 35	80.8%	19.2%
Prior drug treatment¹		
Yes	79.0%	21.0%
No	74.2%	25.8%
Offense¹		
Person	67.6%	32.4%
Property	75.1%	24.9%
Drug	78.9%	21.1%
Other	78.9%	21.1%
Drug use¹		
Single drug abuse	79.4%	20.6%
Multiple drug abuse	75.8%	24.2%

¹ Statistically nonsignificant.² $P < 0.001$.³ $P < 0.01$.

FIGURE 5.1
TERMINATION TYPE BY RACE/ETHNICITY

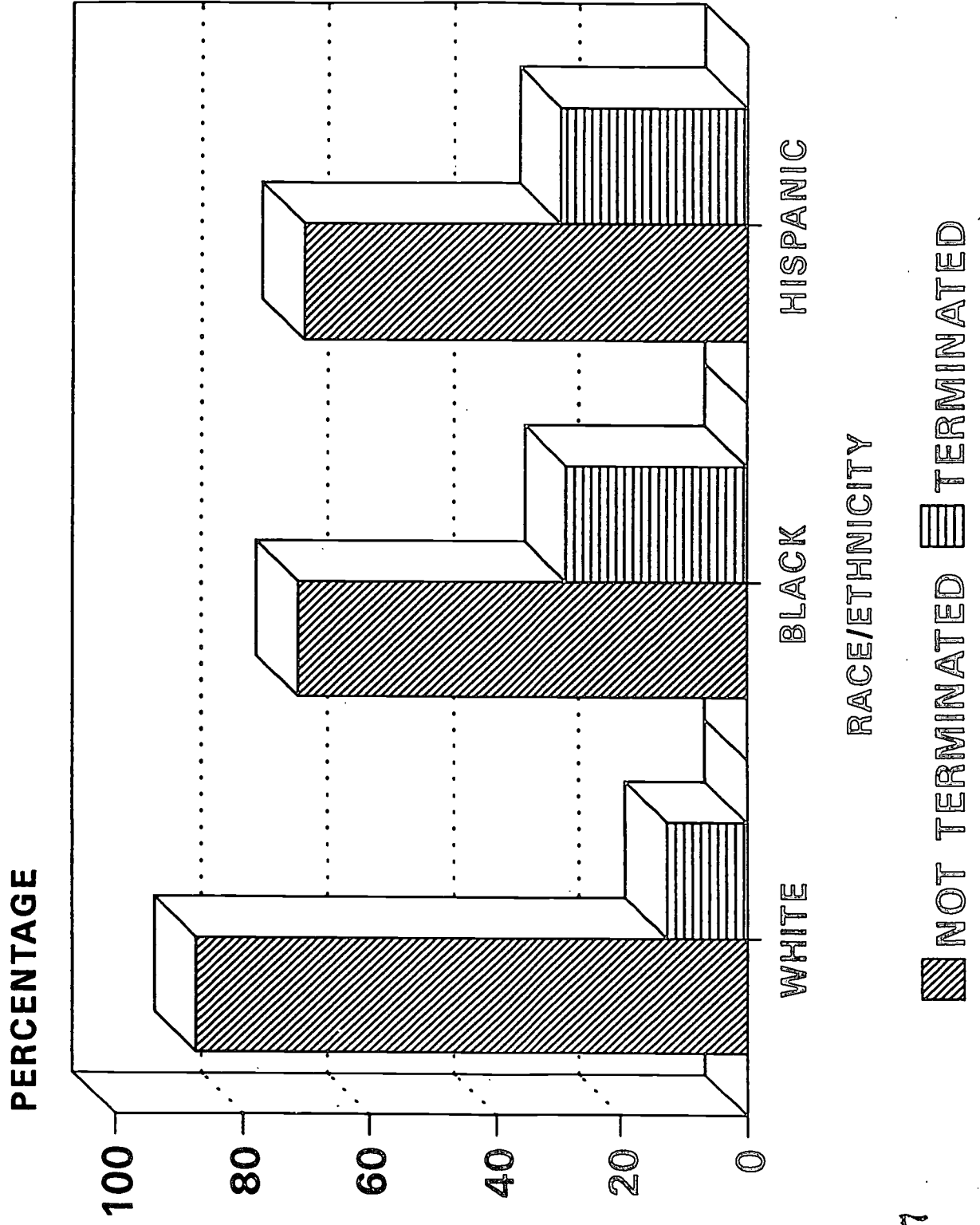


FIGURE 5.2
TERMINATION TYPE BY SELF-REPORTED HISTORY
OF MENTAL ILLNESS

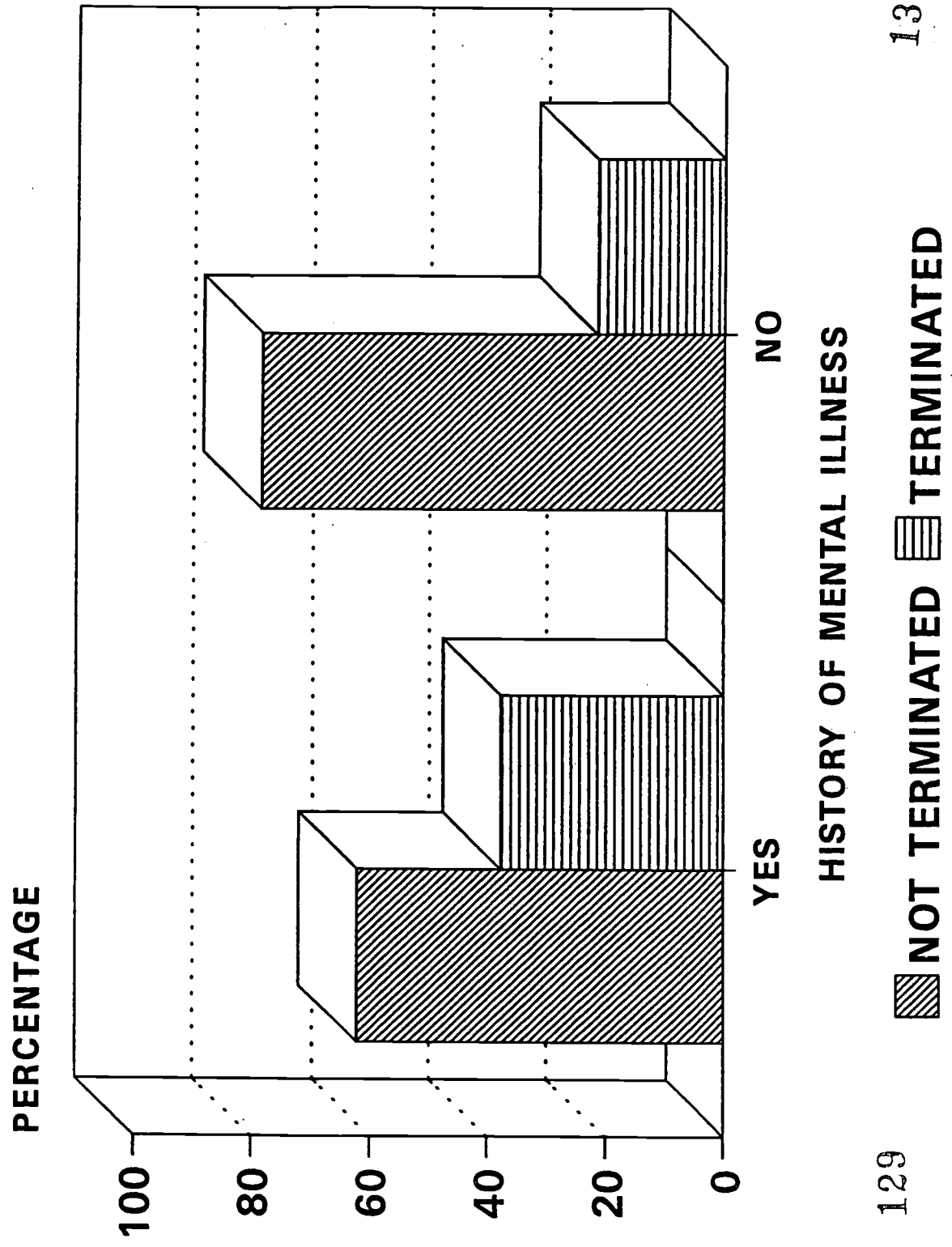
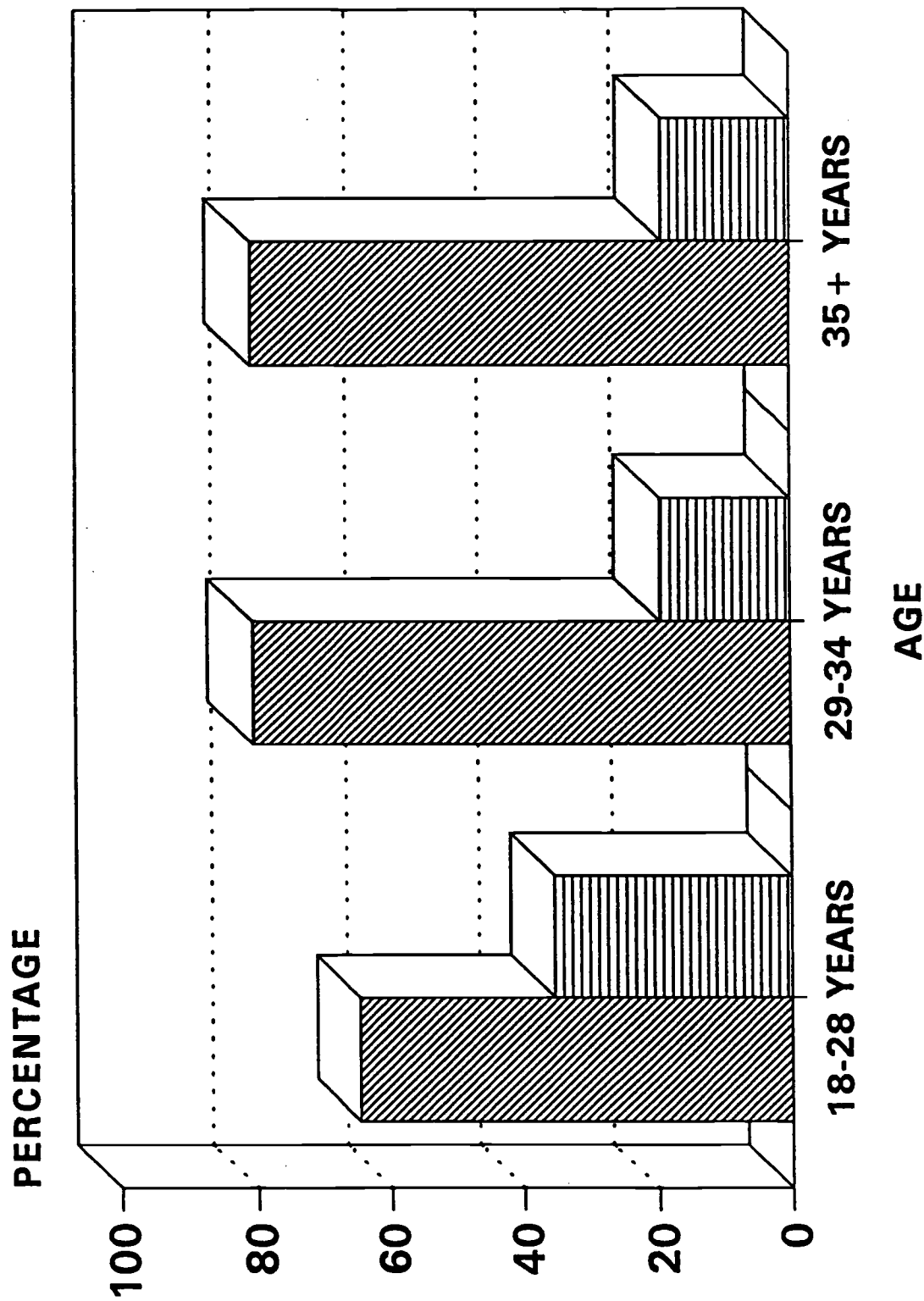


FIGURE 5.3
TERMINATION TYPE BY AGE GROUP



Summary

The substance abuse programs described in this report varied in size from 1993 average daily populations of 64 to 1,020. All of the programs were eclectic in approach, addressing the physical, psychological, emotional, and social aspects of recovery with a variety of therapeutic and instructional strategies. Program representatives reported that this eclecticism was demanded in part by the variety in client backgrounds, substance abuse patterns, and associated problems.

One commonly identified precondition for successful programming is that participants remain separate from the general population in the jail. In all sites studied here, substance abuse program participants were at least housed in a separate living unit; in all but one, participants were separated from other prisoners in almost all daily activities. In all but one site, living units were managed under direct supervision principles. All were in medium- or minimum-security facilities.

Participation in all the programs was voluntary. The primary determinants of eligibility were that the inmate have a substance abuse history and a custody classification level suitable to the program living unit. Although three of the five sites also stipulated that participants have some minimum time remaining in jail, all but one accepted pretrial prisoners. Although programs have tried to screen out violent or severely problematic offenders, they have attempted to provide substance abuse services (either directly or by referral) to those with mental health problems. All sites faced difficulties in planning for precompletion exits from the program. Among the sample of participants studied for this report, actual program "completion" rates ranged from 10 percent to 68 percent, with highest rates of exit because the prisoner was released from jail.

The programs had differing mixes of pretrial and sentenced prisoners. The average total time in jail for the various programs' clients ranged from 97 to 185 days; average times participating in the substance abuse programs ranged from 54 to 113 days. Thus, there was a considerable time lag between jail admission and program admission.

All but one of the programs had drug testing, and all but one had a "phased" program approach, although all "phased-based" programs but REACH were "open entry" (with new participants entering at any time rather than waiting for a phase cycle to be completed). Actual treatment hours ranged from 26.5 to 76 hours per week. Three of the programs were designed to take 3 months from entry to completion; two had no particular designed length.

At all sites except SAID, the program is (or was) operated by a noncustody agency—either a school district or a substance abuse agency. All have offered at least limited cross training of custody and treatment staff. Treatment staff-to-inmate ratios were generally between 1:10 and 1:16, with the gender and ethnic makeup of staff members not particularly reflecting that of the offenders they served.

Earlier studies have stressed the importance of aftercare or postcustody followup services. All of the programs studied for this report provided at least referrals to aftercare providers. Generally, links to aftercare were limited, in large part because aftercare resources were themselves limited. Information on levels and types of actual postcustody participation in substance abuse programs was, for the most part, unavailable.

The profile of program participants varied from site to site. Overall, about one-third of sampled participants were Caucasian, 38 percent African American, and one-fourth Hispanic. Similarly, participants differed regarding education level, employment history, marital status, self-reported alcohol and drug use patterns, and prior drug treatment participation. The average age was fairly consistent across all sites (between 31 and 32 years old) although the sample may have been slightly older than the “typical” participant in jail drug treatment. The analyses revealed that Caucasian offenders, “older” offenders (i.e., those more than 28 years of age), and those with no previous (self-reported) history of mental illness were significantly less likely to terminate participation in the programs or to be expelled from them.

Chapter Six: Jail Drug Treatment: Institutional Behavior, Costs, and Recidivism

In this chapter, the rates of reported infractions (both serious and nonserious) for program participants are compared with rates for nonparticipants in comparable housing. Rudimentary data are also presented to describe program costs above those associated with comparable nonprogram units. Finally, 12-month recidivism data are presented for the large sample of program participants and matched controls. In addition to a comparison of those who received drug treatment in jail with those who did not, several “offender” variables such as sex, age, race/ethnicity, reported drug use, and criminal history are examined in relation to recidivism. Site differences are also reported.

Rates of Institutional Misconduct

The extent to which participation in these drug treatment programs impacted institutional behavior is a key question, in that many treatment providers consider a lower infraction rate within their program quarters to be an important benefit. If these programs are safer and less stressful than nonprogram quarters, then the environment adds to the quality of the working day for program and custody staff and for the inmates themselves. Moreover, a cost savings may be expected when fewer custody personnel are required and staff absenteeism and turnover are lower. According to the treatment providers from the evaluation sites, one of the key ways in which staff “sell” the programs to custody management is through the notion that they provide behavioral management.

The general approach was to compare the rates of both serious and nonserious incidents for each program facility and a “comparable” unit during a 12-month period. The types of infractions across sites could be standardized. The methodology for defining a comparison unit, however, had to be tailored to each study site, as programs and facilities varied greatly with respect to physical setting. There was also variation in the way incident data were recorded, as will be described below.

REACH

Table 6.1 shows a comparison of incident rates for the REACH program participants versus those in all other female dormitories of the Mira Loma facility for calendar year 1992. Infractions were recorded by facility staff in such a way that the housing unit of the person committing the infraction was identified. Thus, it was possible to enumerate the number of infractions committed by those housed in REACH dormitories

(and therefore participating in REACH) and those committed by women housed in non-REACH dormitories.

To illustrate, in 1992 there were 28 recorded assaults or fights by REACH participants. Since the average daily population of REACH for 1992 was 62, the number of assaults/fights was divided by 0.62. The result, 45.2, is an incident rate per 100 inmates. In 1992, all other women's dormitories at the Mira Loma facility housed a total average daily population of 691. A total of 365 assaults/fights were initiated by women housed in non-REACH dormitories, resulting in an assault rate of 52.8 per 100 non-REACH inmates.

Table 6.1

**Comparison of Incident Rates for REACH Versus
All Other Mira Loma (Female) Dormitories, Calendar Year 1992**

Serious Incident Rates per 100 Inmates								
	Assaults/ Fights	Weapons	Drugs ¹	Suicide Attempts	Incite Riots	Threats	Other Serious	Total
REACH dormitory	45.2	0.0	4.8	0.0	0.0	0.0	0.0	50.0
All other female dormitories ²	52.8	0.3	7.2	0.3	0.4	3.3	0.0	64.3
Nonserious Incident Rates per 100 Inmates								
	Contraband ³	Theft	Insubordination	Destruction of County Property		Other Nonserious		Total
REACH dormitory	14.5	12.9	9.7	1.6		0.0		38.7
All other female dormitories	19.2	15.3	37.9	4.5		0.0		76.9

¹ Drug violations include the possession of illicit drugs, stealing medication, palming prescribed medication, providing false medication information, and possession of drug paraphernalia.

² Excluding a special dormitory for disciplinary/psychiatric cases.

³ For example, possession of cigarettes, selling contraband.

A comparison of rates for the various serious incidents reveals that the rates of assaults/fights and drug violations were lower in the REACH dormitories. The rates of all of the nonserious incident types were lower in the REACH dormitories, with the biggest difference in the rate of reported insubordination. Overall, the rate of nonserious infractions for non-REACH participants was almost twice that for the women in REACH.

New Beginnings

For the New Beginnings program, the same methodology in calculating rates was used. For this site, however, incident data were available for a 12-month period beginning February 1, 1991. Beginning in February 1992, the cell location of the inmate being written up was no longer recorded, making a comparison of rates impossible.

The rate of incidents for those housed in the New Beginnings area was compared with that for two "blocks" that served as the primary housing area for sentenced inmates who were not participating in New Beginnings (combined average daily population of 125). Thus, the type of housing is not directly comparable, although the security level and "type of inmate" can be considered comparable.

As shown in table 6.2, the rates of both serious and nonserious infractions were substantially lower for those in New Beginnings compared with those in the other quarters. With respect to serious infractions, there were very large differences in rates of assaults/fights per 100 inmates (6.1 for New Beginnings and 76.8 for the comparison units) and in rates of threats (3.6 versus 52.8). The rate for all serious offenses in the comparison units was more than 15 times the rate in New Beginnings.

There were also major differences in the rates for nonserious incidents. The greater rate for the comparable units was based primarily on larger numbers of incidents involving contraband, insubordination, or other offenses such as unauthorized use of the telephone or consensual sexual activity.

Table 6.2

**Comparison of Incident Rates for New Beginnings Versus
Two Comparable Housing Units, February 1, 1991, to January 31, 1992**

Serious Incident Rates per 100 Inmates								
	Assaults/ Fights	Weapons	Drugs	Suicide Attempts	Incite Riots	Threats	Other Serious	Total
New Beginnings unit	6.1	0.0	0.0	0.0	0.0	3.6	0.0	9.7
Comparable unit	76.8	3.2	3.2	0.1	0.8	52.8	11.2	148.0
Nonserious Incident Rates per 100 Inmates								
	Contraband ¹	Theft	Insubordination		Destruction of County Property		Other Nonserious	Total
New Beginnings unit	1.2	1.2	10.9		1.2		0.0	14.5
Comparable units	5.6	3.2	36.0		3.2		10.4	58.4

¹ For example, possession of cigarettes, selling contraband.

SAID

For analyzing infraction rates of SAID participants versus non-SAID inmates, a different approach was necessary. The infraction data base for Rikers Island was maintained in such a way that the housing of the person committing the infraction was not recorded. Therefore, a computer file of 1992 infractions was obtained to compare the identification numbers with those of subjects in the treatment and control groups described in this report. The few subjects in the sample who were not in jail in 1992 were eliminated from this analysis.

Using this method, relatively low incident rates of both serious and nonserious offenses were found among SAID participants. As shown in table 6.3, control subjects were somewhat more likely to be involved in

assaults or fights and to be written up for an offense involving contraband or insubordination.

DEUCE

Incident rates for men at the two DEUCE sites are summarized in table 6.4. Although DEUCE serves both men and women, incident rates were calculated for men only given that the women participants were "mixed in" with nonparticipants with respect to housing. For Marsh Creek, the comparison was a facilitywide one, comparing the DEUCE unit with all other male dormitories housing nonprogram inmates. For West County, the comparison unit was a single-cell facility of comparable size to the DEUCE facility. At both sites, incident logs for several months in 1993 were reviewed to collect incident data.

Table 6.3
Comparison of Incident Rates for SAID Versus
Control Cases, Calendar Year 1992

Serious Incident Rates per 100 Inmates									
	N	Assaults/ Fights	Weapons	Drugs	Suicide Attempts	Incite Riots	Threats	Other Serious	Total
SAID cases	206	1.9	0.0	0.0	0.0	0.0	0.0	0.0	1.9
Control cases	246	9.3	0.0	0.4	0.0	0.0	0.0	0.0	9.7
Nonserious Incident Rates per 100 Inmates									
	N	Contraband ¹	Theft	Insubordination		Destruction of County Property	Other Nonserious		Total
SAID cases	206	0.0	0.0	2.4		0.0	0.5		2.9
Control cases	246	3.3	0.0	4.1		0.0	0.4		7.8

¹ For example, possession of cigarettes, selling contraband.

Table 6.4

Comparison of Incident Rates for DEUCE Versus Comparable Housing Units, 1993¹

Serious Incident Rates per 100								
	Assaults/ Fights	Weapons	Drugs	Suicide Attempts	Incite Riots	Threats	Other Serious	Total
Marsh Creek DEUCE	0.0	0.0	17.5	0.0	0.0	0.0	0.0	17.5
All other units	15.7	0.0	20.2	0.7	0.7	0.0	0.0	37.3
West County DEUCE (men)	14.0	0.0	0.0	0.0	0.0	0.0	0.0	14.0
Comparable unit	39.3	0.0	6.6	0.0	0.0	0.0	0.0	45.9
Nonserious Incident Rates per 100 Inmates								
	Contraband ²		Theft	Insubordination ³		Destruction of County Property	Other Non- Serious	Total
Marsh Creek DEUCE	52.6		3.5	161.4		3.5	0.0	221.0
All other units	92.1		7.5	109.4		12.0	0.0	221.0
West County DEUCE (men)	91.2		0.0	421.1		14.0	0.0	526.3
Comparable unit	59.0		0.0	216.4		6.6	0.0	282.0

¹ Marsh Creek data are annualized from a 6-month sample and West County data from a 3-month sample.

² For example, possession of cigarettes, selling contraband.

³ For DEUCE, this category includes "out of bounds."

The two sites have substantially different custody levels and prisoner classifications and show important differences in incident rates. Marsh Creek is a minimum-security facility for sentenced prisoners, while the West County facility is medium security and houses both pretrial and sentenced prisoners. There is more turnover of prisoners at the West County facility. Not surprisingly, there was a substantially higher rate of disciplinary incidents at West County than at Marsh Creek for both DEUCE participants and those in the comparison group.

At both DEUCE sites, participants were less likely than comparison groups to be involved in fights or assaults. In fact, there were no incidents of this type reported for DEUCE participants at Marsh Creek. DEUCE participants at both sites were somewhat less likely to be written up for an incident related to drugs. It is noteworthy that at both sites, DEUCE participants showed an identical or higher rate of nonserious incidents than comparison groups. DEUCE participants were particularly more likely to be written up for insubordination or rule violations. For the most part, this consisted of being "out of bounds" or in unauthorized areas.

The reasons for this difference are not clear. In part they may reflect the fact that although both facilities have open, campus-style configurations, DEUCE participants were expected to remain (for the most part) in DEUCE areas of the complex. The relatively high levels of nonserious incidents may also stem from the fact that some incident reports were initiated by DEUCE instructors; that is, DEUCE may have provided extra and more thorough supervision of prisoners, since both custody and program staff were present during the day. Finally, one custody supervisor commented that it was agreed that DEUCE participants should be held to very strict behavior standards as part of their treatment. Thus, supervision was closer, and response to violations more formal, than in other units.

JET

Table 6.5 shows the incident rates for JET versus those for the three other wings (units) in the same building. Data were drawn from computerized listings of disciplinary incidents over the first 6 months of 1993. With the exception of one category—"contraband"—the incident rates were much higher in the comparison units than in the JET program unit. The "contraband" rate for the JET unit stems largely from one inspection, in which several JET participants were found to have extra clothing.

One important caveat should be made at this point. The JET program approach encouraged inmates to learn how to resolve their own disputes, with the possible result that at least some minor incidents were not brought to staff attention. Conflicts were regarded as opportunities to practice conflict management skills developed in the program. JET staff reported that custody staff who were assigned to the unit for a period of time accepted this approach; new custody staff and temporary assignment staff were considered more likely to file formal incident reports. (It should be noted that staff at most sites felt that a standardized way of handling infractions allows participants to predict the consequences of their actions. They felt that such consistency makes for better interpersonal relationships and, therefore, more effective drug treatment.)

Table 6.5

Comparison of Incident Rates for JET Versus Comparable Housing Units

Serious Incident Rates Per 100 Inmates, 1993¹								
	Assaults/ Fights	Weapons	Drugs	Suicide Attempts	Incite Riots	Threats	Other Serious	Total
JET unit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Comparable units	30.3	0.0	2.8	0.0	0.0	1.4	0.0	34.5
Nonserious Incident Rates per 100 Inmates, 1993¹								
	Contraband²	Theft	Insubordination	Destruction of County Property	Other Non- Serious	Total		
JET unit	16.7 ³	0.0	16.7	0.0	0.0	33.4		
Comparable units	15.2	0.0	73.1	9.7	0.0	98.0		

¹ Data are annualized from a 6-month sample (January-June 1993).

² For example, possession of cigarettes, selling contraband.

³ For JET participants, all "contraband" incidents entailed possession of extra clothing.

Summary of Incident Rates

Overall, one must conclude that these drug treatment programs appear to have had a very positive effect on levels of serious behavior such as physical violence. Compared with nonparticipants, those participating in drug treatment programs had lower rates of serious incidents. This was true regardless of site, reporting time period, or method of obtaining a comparison unit. In terms of less serious incidents, such as insubordination, the picture was more mixed. There is some evidence that program participants broke fewer rules that fell under the category of insubordination, although for the DEUCE sites, the opposite pattern was found. Differences for incidents involving (nondrug) contraband were small, with rates favoring program participants.

Despite confidence that the most appropriate comparisons possible were made, some important issues should be kept in mind when interpreting these data. First, because the settings, level of supervision, and the reporting philosophies varied from site to site, indeterminable amounts of both "over-reporting" and "under-reporting" are likely to have occurred. For example, some incidents among REACH participants may have gone unnoticed due to the type of custody supervision. Custody staff would "rove" through the REACH trailers and thus they may not have had the opportunity to observe some violent incidents that would have been reported had they taken place in the recreation areas, where more consistent supervision occurred.

On the other hand, REACH staff stated that violent incidents were more likely to be reported for REACH participants, given the way participants responded to them. Specifically, evaluators were told that REACH participants would run to find custody staff when an incident occurred, and this was very unlike what happened among female inmates in the general population, who tried to cover up the fact that an incident had occurred.

Although direct supervision settings may allow for less bias in under-reporting, there still is much variation in the way incidents are observed, negotiated, reported, and recorded, so that cross-site comparisons should include caution. From the analyses, it can be concluded that, in general, participation in drug treatment programs has a positive effect on institutional behavior.

Program Costs

Introduction and Methods

Program cost data were collected for two reasons. Cost information is useful in its own right for jurisdictions considering creating a substance abuse treatment program, and additional costs for a program are needed to conduct a cost-effectiveness assessment of the programs. It should be noted that cost information is problematic in several respects. Jurisdictions account for costs in different ways; in some cases, and for some cost items, usable budget information is not available. Moreover, full cost-effectiveness evaluations should identify costs beyond those arising from the program itself. This particularly holds for the fiscal impact of benefits that may accrue from a program—whether reduced numbers of incidents in custody or reduced or delayed recidivism following custody. The scope of the present evaluation did not include developing cost information related to these potential benefits.

Cost information was obtained for the housing units devoted to the substance abuse programs and for housing units similar in size, design, and security classification. As with the infraction data, methods for defining a comparison unit had to be tailored to each site. Information regarding appropriate comparisons is provided in footnotes to the cost-comparison tables. Only costs related to direct service delivery by treatment staff and immediate supervision by custody staff are reported. Administrative costs—for both treatment programs and custody—are not included in the analysis, given the nonstandardized ways in which such factors are accounted for in different jurisdictions. In addition, certain cost items—maintenance, utilities, medical services, food services—are not typically captured for specific housing units. This analysis assumes that such costs would be the same for program and nonprogram units.

The goal here is to address two basic issues. First, it is sometimes asserted that operation of a treatment unit permits reductions in custody staffing, at least during programming hours. To test this hypothesis, information was collected on custody staffing (housing unit and escort officers) in the program housing units and for nonprogram housing units comparable in size and security level.

Second, the additional costs to a jurisdiction directly related to the treatment program were identified. It should be noted that in most of the sites, education and other programs were available in the nontreatment housing units. These programs were typically scaled down or eliminated in the drug program units studied to allow time for substance abuse program

activities. The following tables do not show costs for the programs provided to prisoners in the comparison housing units because it was very difficult to tie such costs to particular housing units reliably. Therefore, the cost differences between treatment and comparison housing units here overstate somewhat the differences associated with providing programs to the prisoners.

Finally, the reader should be cautioned that the actual funding for the treatment programs came from various sources. DEUCE and REACH, for example, were entirely financed by a separate funding source (State education moneys) and were not charged to the detention budget.

Results

Tables 6.6 through 6.10 summarize fiscal information for each site for fiscal year 1992–1993, and table 6.11 provides comparative information across all sites. Generalizations are difficult, in part because the programs differ significantly in size, and in part because the sites employ divergent staffing patterns, both for treatment and custody. Thus, comparisons are shown both for aggregate costs and for costs per prisoner, per day.

Table 6.6

**Comparison of Operating Costs for
JET Program Unit Versus Comparable Unit, Fiscal Year 1992-1993**

	Program Unit¹	Comparison Unit²
Custody staff ³	\$296,845	\$296,845
Program staff ⁴	200,000	
Other program costs	5,195	
Total expenditures	\$502,040	\$296,845
Unit average daily population ⁵	60	48
Cost per prisoner, per day for supervision and direct services	\$22.92	\$16.94

¹ Budget figures for the JET unit do not include approximately \$70,000 in administration, training, mileage, and miscellaneous special services. The total JET expenditures, excluding the cost of custody staff, were approximately \$270,000.

² Comparison unit costs do not include custody administration, overhead, and support costs. The comparison unit was a unit in the same facility with a design and security level identical to the treatment unit.

³ Custody staffing in JET and the comparison unit was the same. For each, 5.0 full-time employees were required (not including "relief factor") for full 24-hour, 7-day coverage (housing plus escort). The average cost for salary and benefits for Step 3 correctional officers was \$59,369 per year; 5.0 full-time employees x \$59,369 = \$296,845.

⁴ Program staffing was budgeted at 4.0 full-time rehabilitation counselors at \$50,000 each for salary and benefits. Costs for education staff are not included, because education was available in all living units.

⁵ First half of 1993.

Table 6.7

Comparison of Operating Costs for DEUCE Program Units Versus Comparable Units, Fiscal Year 1992-1993

	Program Unit ¹	Comparison Unit ²
Custody staff ³	\$1,131,520	\$1,131,520
Program staff	233,626	
Other program costs	3,791	
Total expenditures	\$1,368,937	\$1,131,520
Unit average daily population ⁴	187	191
Cost per prisoner, per day for supervision and direct services	\$20.06	\$16.23

¹ Budget figures include operating costs for all DEUCE sites. Program unit costs do not include \$70,551 for administrative and clerical support. The total DEUCE budget, excluding the cost of custody staff, was \$307,968.

² Comparison unit costs do not include custody administration, overhead, and support costs. Comparison units are identical to DEUCE units at both sites in size, security classification, and design.

³ Custody staffing in DEUCE and the comparison units was the same. For each, 16.64 full-time employees were required (not including "relief factor") for full 24-hour, 7-day coverage (housing plus escort). The average cost for salary and benefits for midrange deputies was \$68,000 per year; 16.64 full-time employees x \$68,000 = \$1,131,520.

⁴ First half of 1993.

Table 6.8

**Comparison of Operating Costs for REACH Program Unit Versus
Comparable Female Unit, Fiscal Year 1992-1993**

	Program Unit	Comparison Unit
Custody staff ¹	\$76,567	\$76,567
Program staff ²	250,460	
Other program costs	3,800	
Total expenditures ³	\$330,827	\$76,567
Unit average daily population	58	53
Cost per prisoner, per day for supervision and direct services	\$15.63	\$3.96

¹ Custody staffing was the same in both REACH and comparison housing units. For each, 3.5 full-time employees provided full coverage for three minimum-security dormitories at the Mira Loma site. REACH and the comparison unit are each one of the three units covered. The average deputy salary plus benefits cost was \$65,629 per year; $3.5 \text{ full-time employees} \times \$65,629 = \$229,701.50$; $\$229,701 \div 3 = \$76,567$.

² The program staff includes 4.0 full-time employees @ \$62,615.

³ Total REACH costs exclusive of custody staffing were \$254,260. This was funded entirely through the Hacienda La Puente Unified School District.

Table 6.9

**Comparison of Operating Costs for a Typical 100-Bed SAID Program Unit
Versus a Comparable 100-Bed Unit, Fiscal Year 1992-1993**

	Program Unit¹	Comparison Unit²
Custody staff ³	\$401,424	\$602,137
Program staff ⁴	287,091	
Other program costs	4,610	
Total expenditures	\$693,125	\$602,137
Unit average daily population	100	100
Cost per prisoner, per day for supervision and direct services	\$18.99	\$16.50

¹ The costs shown here are for a typical 100-bed SAID unit for males.
(The total population of SAID units is more than 1,000.)

² The comparison unit was a typical 100-bed non-SAID unit within the
detention center for adult males.

³ Custody staff figures reflect salary and benefits for 6 full-time employees
for the program unit and 9 full-time employees for the comparison unit.

⁴ Program staffing includes total salary and benefits for 7.25 full-time
employee positions.

Table 6.10

**Comparison of Operating Costs: Average of Six New Beginnings Program Units
Versus Average of Six Comparable Units, Fiscal Year 1992-1993**

	Program Unit¹	Comparison Unit²
Custody staff	\$351,966 ³	\$358,466 ³
Program staff	95,097	
Other program costs	4,878	
Total expenditures	\$451,941	\$358,466
Unit average daily population	18	36
Cost per prisoner, per day for supervision and direct services	\$68.79	\$27.28

¹ New Beginnings costs shown here are direct service staff, supplies, equipment, and special programming for an average New Beginnings block. (In all, New Beginnings uses six blocks.) The total program cost, including food, medical, and administration costs for all six blocks was \$1,745,629 in fiscal year 1992-1993 (exclusive of custody costs). Program administrative and secretarial costs in fiscal year 1992-1993 totaled \$156,000.

² Comparison unit costs are an average of six "comparison blocks" that are similar in capacity and custody level to the New Beginnings units.

³ Custody staff costs include overtime expenses.

Table 6.11

Cost Comparisons for Jail Drug Treatment Programs

	JET (total)	DEUCE (total)	REACH (total)	SAID (typical unit)	New Beginnings (average unit)
Total costs					
Custody staffing— program unit	\$296,845	\$1,131,520	\$76,567	\$401,424	\$351,966 ¹
Custody staffing— comparison unit	\$296,845	\$1,131,520	\$76,567	\$602,137	\$358,466 ¹
Savings on custody staff in program unit	0	0	0	\$200,713	\$6,500
Service delivery treatment staff	\$205,195	\$237,417	\$254,260	\$291,701	\$99,975
Net cost of program unit	\$205,195	\$237,417	\$254,260	\$90,988	\$93,475
Costs/prisoner/day²					
Custody staffing— program unit	\$13.55 (ADP = 60)	\$16.58 (ADP = 187)	\$3.62 (ADP = 58)	\$11.00 (ADP = 100)	\$53.57 (ADP = 18)
Custody staffing— comparison unit	\$16.94 (ADP = 48)	\$16.23 (ADP = 191)	\$3.96 (ADP = 53)	\$16.50 (ADP = 100)	\$27.28 (ADP = 36)
Custody staffing costs in program unit vs. comparison unit	-\$3.39	\$0.35	-\$0.34	-\$5.50	\$26.29
Treatment costs/ prisoner/day in program unit	\$9.37	\$3.48	\$12.01	\$7.99	\$15.22
Net cost/prisoner/day for program unit vs. comparison unit	\$5.98	\$3.83	\$11.67	\$2.49	\$41.51

¹ Custody staff costs for New Beginnings include overtime.

² Cost per prisoner, per day = total cost ÷ (average daily population (ADP) x 365).

In four sites—JET, DEUCE, REACH, and New Beginnings—the number of custody staff, and therefore the aggregate custody staffing costs, were the same or nearly the same for the program and the comparison units. However, the average cost per prisoner, per day varied widely in these sites. Although there is no adjustment for differences in the cost of living between the sites, it seems clear that the primary factor in per-prisoner cost differences was staff-to-inmate ratios. REACH, which was in a minimum-security facility with minimal staffing, had much lower per-prisoner custody staffing costs than any of the other sites.

At SAID there were noteworthy reductions in custody staff (and savings) in the “typical” program unit when compared with the non-SAID unit. SAID achieved a 33-percent reduction in total custody staffing costs in the program units. New Beginnings also achieved modest reductions in staffing costs due to lower overtime expenditures for custody staff supervising program housing units. The ratio of treatment-to-custody costs also varied widely across the sites. The cost of the treatment program was substantially offset by custody staff reductions only in SAID, where such reductions offset approximately two-thirds of the program costs.

The direct costs of the treatment program itself ranged from a low of \$3.48 per prisoner, per day in DEUCE to a high of \$15.22 in New Beginnings (see table 6.11). As was shown earlier in table 5.6, the salaries for treatment staffs were fairly consistent across sites; the difference in per-prisoner treatment costs appears to derive primarily from differences in staff-to-inmate ratios. DEUCE had the highest ratio (1:25) while New Beginnings had the lowest (1:10).

It should be noted that these “direct service” costs do not include various other costs. The full cost of the programs included, for example, administrative costs that ranged from about \$70,000 in DEUCE and JET to \$156,000 in New Beginnings (about 25 to 35 percent of direct service costs).

Summary of Costs

The cost of treatment per prisoner, per day ranged from \$3.48 to \$15.22; differences appear related to program intensity variables such as hours per week in programming and treatment staff-to-inmate ratios. The highest costs were in New Beginnings, which had more than twice as many hours per week of program time as JET, DEUCE, or REACH, as well as the smallest unit population of any of the sites. At SAID, custody staffing levels were reduced for program housing units, with a net savings of 33 percent in custody staffing costs. At New Beginnings, overall custody

staffing costs were similar for program and comparison units, but costs per prisoner were slightly higher in the treatment units because the average daily populations were only half those in the comparison units. All programs resulted in net additional costs (treatment plus custody staffing) of \$2.49 to \$41.51 per prisoner, per day (excluding program administrative costs). The question of whether this has been a cost-effective investment depends in part on the results achieved by the program, whether through lowered in-custody incident rates or reduced recidivism.

Recidivism

Introduction

In this section, the question of the extent to which drug treatment programs influenced recidivism in the year following jail release is examined. Subgroups defined by offender characteristics are compared and conclusions drawn regarding the success of the treatment programs in reducing recidivism for particular offenders (e.g., males vs. females, those who terminated participation in the program prematurely vs. those who did not terminate program participation). Recidivism by individual treatment site is also examined.

Suppression effect rates were analyzed to compare the number of convictions occurring in the 12-month period prior to treatment (or jail time for controls) with the number in the year following jail release. The second analysis involved calculating, for both treatment and control groups, the probability of being arrested (and convicted) at least once during the 12-month followup period, while controlling for time at risk in the community. Finally, a survival analysis was conducted for treatment and control offenders who were rearrested and convicted. This shows the proportion of individuals who “survived” (were not rearrested and convicted) over time. Before the results of the outcome analyses are reported, data collection procedures are described, and several methodological issues that should be kept in mind when interpreting results are discussed.

Definition of Recidivism

A recidivism event was defined as an arrest that subsequently led to a conviction. This definition was used because New York provided only conviction data, and the goal was to standardize the outcome variable

across sites.⁹ The obvious risk to examining conviction data is underreporting arrest activity. To address this issue, an analysis was conducted to compare results obtained using reconviction data with those obtained using rearrest data. As will be described later, results were very similar, indicating that the vast majority of arrests during the followup period resulted in a conviction.

Methods and Procedures

State-level criminal history data (rap sheets) were collected for the treatment and comparison groups. In the three California counties, copies of rap sheets were provided by the three jails. For the two New York sites, computerized data were obtained from the Division of Criminal Justice Services, Bureau of Research and Evaluation. State- rather than county-level data were requested for all sites to capture the most serious arrests reported to the State (felonies) and to include arrests that occurred outside of the respective counties.

To check on whether or not the State rap sheets may have underestimated recidivism (i.e., failed to capture crimes recorded at the local but not State level), 25 cases were sampled in Santa Clara County. State and local criminal history information was compared. Additional convictions were reported on the local but not the State level for 7 of 14 treatment cases and 7 of 11 control cases. For the outcome analyses however, the effects of underreporting the number of recidivism events for any one individual should be minimal. This is because the probability analysis is defined as the chance of being arrested (and convicted) at least once, and the survival analysis considers time to first arrest. Thus, the number of arrests (and subsequent convictions) is less important than the occurrence of at least one recidivism event. Additionally, a larger sample would, in all likelihood, have revealed very similar levels of underestimation for treatment and control offenders, indicating a comparable bias.

A 12-month cutoff date was determined for each person based on his or her jail release date. Followup data were entered (or downloaded), as were arrests and dispositions during the 3 years prior to jail admission. Although attempts were made to acquire complete rearrest information for all study cases, this was not possible. In some cases, rap sheets could not be located based on the identifiers provided by NCCD. It is possible that the

⁹ Although arrest data are legally available to some individuals (e.g., those in the law enforcement field), the level of access afforded researchers with requirements for linking identifiers includes conviction data only.

arrest leading to incarceration—and inclusion in this sample—was for an offense that was not reportable to the State or that a conviction was not obtained.

Given the issues described above, as well as the fact that many crimes are committed that do not culminate in arrest, it must be concluded that there is an unknown level of bias in the absolute level of recidivism that can necessarily be reported here. This is true for any research project of this nature, and the most prudent approach is to focus on the comparative aspects of the results, rather than to interpret individual coefficients as completely accurate indexes of recidivism rates.

Rap Sheet Availability

Rap sheets were available for 86 percent of the total sample, and rates of missing data were very similar for treatment and control groups (table 6.12). The level of missing data varied by site, however, from less than 1 percent in New York to 47 percent of the control sample for Los Angeles County. Since NCCD researchers obtained identifiers (e.g., names, dates of birth) from the controls themselves at Sybil Brand Institute in Los Angeles, it appears that a significant proportion provided researchers with inaccurate identifying information. Despite this unfortunate situation, the overall proportion of missing data was similar for controls and treatment subjects, eliminating an important potential source of bias.

Table 6.12 also presents rap sheet availability with respect to several other demographic and historical variables. Data were more complete for males than for females—not surprising given the difficulty in obtaining control group information at Sybil Brand Institute. Rates of followup were relatively comparable for the three most representative racial/ethnic groups, with rates somewhat higher for African Americans. Criminal history data were available for almost all those committing person offenses, but followup rates were high for other offense categories as well. Rap sheets were less likely to be obtained for sentenced offenders than for those who were unsentenced. Importantly, rates of data availability were comparable for program participants who terminated participation prematurely and those who did not terminate participation.

Individuals were excluded from the probability outcome analysis if their release date did not allow for a 12-month followup period, which consisted of 5 percent of the original treatment sample and 11 percent of the controls. The final sample used for calculating the probability of reconviction was 1,113: 577 treatment participants and 536 controls.

Table 6.12

**Availability of Followup Recidivism Data,
by Offender Characteristics**

	Total Number	Rap Sheet Data Available	
		Number	Percent
Total	1,428	1,229	86 %
Study group			
Program participants	722	616	85 %
Controls	706	613	87 %
Sex			
Males	1,000	912	91 %
Females	428	317	74 %
Race/ethnicity¹			
Caucasian	432	350	81 %
African American	585	530	91 %
Hispanic	351	302	86 %
Primary offense²			
Person	188	174	93 %
Property	345	302	88 %
Drug	629	524	83 %
Other	215	180	84 %
Legal status³			
Sentenced	652	504	77 %
Unsentenced	754	707	94 %
Treatment program outcome⁴			
Premature program termination	159	139	87 %
No termination	518	437	84 %

¹ Missing data = 22 cases.

² Missing data = 49 cases.

³ Missing data = 22 cases.

⁴ Missing data = 45 cases.

Results

As shown in table 6.13, 17 percent of the treatment participants and 23 percent of the controls (for whom data were available) were reconvicted at least once. A chi-square analysis revealed that controls were significantly more likely than treatment participants to be reconvicted at least once ($P < 0.05$). The proportion with two or more convictions was almost identical for the two groups. The average number of days until first arrest (preceding a conviction) was 152 (5 months) for treatment participants and 140 (4.7 months) for controls. A t test revealed this to be a nonsignificant difference. Table 6.13 also shows followup convictions for each group by offense types. The majority of arrests/convictions for both groups were for property crimes or drug crimes. The average number of convictions (excluding those not convicted during this period) was 1.4 for both treatment and control groups.

Suppression Effect Analysis. To assess the possible effects of drug treatment on subsequent criminal behavior, an analysis of suppression effect rates was conducted. This compared the number of convictions occurring in the 12-month period prior to treatment (or jail time, for controls) with the number of convictions occurring in a 12-month period after treatment (or jail). The suppression effect rate was calculated as follows:

Average Number of Pretreatment Convictions - Average Number of
Posttreatment Convictions

Average Number of Pretreatment Convictions

This calculation measures the difference between pretreatment and posttreatment convictions as a proportion of pretreatment convictions. It is the rate at which the number of convictions either increases or decreases after treatment. A positive value signifies a decrease in (i.e., suppression of) the average number of convictions after treatment. Conversely, a negative value signifies an increase in the average number of convictions after treatment. The higher the positive value, the greater the suppression effect.

Table 6.13

Reconviction Frequency and Offense Type, by Study Group

	<u>Program Participants</u>		<u>Controls</u>	
	Number	Percent	Number	Percent
Number of followup arrests resulting in conviction ¹				
0	480	83 %	411	77 %
1	70	12 %	90	17 %
≥2	27	5 %	35	6 %
Number of reconvictions, by offense				
Total	109		161	
Person	13	12 %	21	13 %
Property	50	46 %	77	48 %
Drug	46	42 %	63	39 %
Average number of reconvictions	1.40		1.39	
Average number of days until first arrest (with conviction)	152		140	

¹ $P < 0.05$.

In this analysis, suppression effect rates of treatment and control cases are compared first by site and then by selected offender characteristics. As seen in table 6.14, the average number of convictions in the 12-month period prior to treatment was 1.85 for all treatment cases and slightly higher, 1.94, for control cases. In the 12-month period following release, treatment cases had an average of 0.24 convictions; the average for controls was 0.32. The resulting suppression effect rates for treatment and control cases were 0.86 and 0.82, respectively. This translates into an 86-percent decline in the rate of convictions for treatment cases and an 82-percent decline in the rate of convictions for control cases. A multivariate analysis of variance (MANOVA) showed a significant difference in suppression effects between treatment and control groups when controlling for program location.

Table 6.14

Suppression Effect Rates, by Study Group and Site

	Treatment Group				Control Group			
	No.	Prior Convictions ¹	Followup Convictions ²	Suppression Effect ³	No.	Prior Convictions	Followup Convictions	Suppression Effect ³
Total sample	577	1.85	0.24	0.87 (0.86) ⁴	536	1.94	0.32	0.83 (0.82)
Los Angeles County	98	1.47	0.17	0.88 (0.88)	52	1.98	0.35	0.83 (0.80)
Contra Costa County	143	1.67	0.15	0.91 (0.91) ⁵	121	1.60	0.32	0.80 (0.79)
Santa Clara County	87	1.46	0.23	0.84 (0.82)	72	1.61	0.40	0.75 (0.72)
New York City	172	2.38	0.31	0.87 (0.85)	202	2.30	0.30	0.87 (0.86)
Westchester County	77	1.90	0.30	0.90 (0.83)	89	1.84	0.31	0.83 (0.84)

¹ Convictions in the 12-month period prior to treatment.² Convictions in the 12-month period following release.³ Parenthetical values are disaggregated suppression effect rates used in tests of significance.⁴ ANOVA, $P < 0.05$.⁵ Individual t test, $P < 0.01$.

To determine at which site or sites this difference exists, bivariate analyses (*t* tests) were conducted. There was a significant difference in the suppression effect rate between treatment and control cases at only one site. In Contra Costa County (DEUCE program), the reconviction rate for treatment cases decreased by 91 percent, while that for control cases declined by 80 percent.

Suppression effect rates for treatment and control cases by selected offender characteristics were also conducted. ANOVA tests showed no statistical difference between treatment and control cases when controlling for sex, number of prior convictions, age, or race/ethnicity. Furthermore, for treatment cases, neither program exit type nor prior drug use affected suppression effect rates.

Considerable debate exists as to whether suppression effects result from the intervention (in this case, drug treatment or jail time) or from three other related factors: (1) maturation, (2) regression to the mean, and (3) selection artifacts (Austin, 1986). In addition, one of the limitations researchers face when conducting a suppression effect analysis is the failure to account for time at risk. In subsequent sections, techniques are employed to incorporate time at risk in the analyses of recidivism.

Probability of Recidivism. For each offender for whom recidivism data were available and who qualified for a 12-month followup, an at-risk period was calculated. This involved an estimate of the average incarceration time associated with each crime for which a conviction occurred. This estimate was made by securing statewide formulas for jail and prison time served, based on sentence length. In California, the formula is two-thirds of a jail sentence and one-half of a prison sentence. In New York, the time served is equal to two-thirds of the jail sentence or the minimum prison sentence.

We were not able to include pretrial detention time for any jurisdiction, but the index serves as a global estimate of the amount of time a person was not in the community and, therefore, not at risk for committing a crime (Austin et al., 1993; Teplin et al., 1994). Moreover, the formula was applied to both treatment and control samples, and therefore, any bias is consistent across the comparison groups.

To determine the extent to which participation in one of the five jail treatment programs affected the chances of being reconvicted within the 12-month postrelease period, we used a method modeled after one used by Teplin et al. (1994). Their 6-year study sought to determine if mentally disordered offenders were more likely than nondisordered offenders to commit violent crimes after being released from jail or prison.

Controlling for time at risk, the probability of being convicted for any crime (and then for a drug offense) during the 12-month followup period was calculated. This was done by dividing the number of persons in each group who had a reconviction for a crime by time at risk, using the formula below:

$$1 - (1 - \text{Number of Subjects Reconvicted/Time at Risk})^{12}$$

The parenthetical portion of the equation computes the probability of not being reconvicted in a 1-month period. This value is raised to the twelfth power to compute the probability of not being reconvicted over the 12-month period. The final step involves subtracting the probability of nonreconviction from one to obtain the probability of reconviction.¹⁰

Table 6.15 presents probabilities for the treatment and control groups by study site. Here it can be seen that the three California sites had better outcomes than did the two New York sites. For these three sites, there is modest yet consistent evidence for jail drug treatment being associated with lower probabilities of recidivism (for any crime more than for a drug crime) during the followup period.

We obtained standard error estimates with bootstrap techniques (100 iterations) and tested for significance using one-tailed *t* tests (Efron and Tibshirani, 1986, cited in Teplin et al., 1994). Due to small within-group variance and large sample sizes, very small differences in probabilities resulted in statistical significance. Because this could lead to interpreting differences with no substantive importance, we elected to interpret only probability differences greater than or equal to 5 percent.

Probability analyses were also conducted with respect to gender, recent conviction history, age, race/ethnicity, prior drug use, type of program termination, and length of time in program. This information is presented in table 6.16. These coefficients reveal that the differences in reconviction probabilities for any crime are greater than for those for a drug crime. There were differences between treatment and control cases

¹⁰ Given the previously mentioned concern about underestimating recidivism through the use of reconviction rather than rearrest data, probabilities were recalculated using arrest data available for three of the five sites. The probabilities were strikingly similar--identical in several instances. For the total treatment group, the discrepancy was 0.01; for the total control group, 0.07. The largest difference between rearrest and reconviction probabilities was for Los Angeles County, where apparently fewer arrests for our sample led to convictions. This may reflect the gender makeup of the sample (all female) or the nature of the offenses committed.

for both males and females, for those with at least two prior convictions, for those in the “older” age groups, and for white and Hispanic offenders. The latter two findings are consistent with results reported in Chapter Five indicating that “younger” offenders and racial minority offenders were more likely to experience difficulty in treatment (i.e., through premature program termination). Among treatment participants, program exit type and length of time in program were related to the chance of being reconvicted for any crime. The probability of reconviction was 5 percent greater for those who quit or were removed from the programs and 7 to 8 percent greater for those who stayed less than 1 month. Finally, participants who were (self-reported) multiple drug users were more likely than single drug users to be reconvicted.

Table 6.15

Probability of Reconviction for Any Crime and for a Drug Crime Within the 12-Month Followup Period, by Study Group and Site¹

	Any Crime		Drug Crime	
	Treatment Group	Control Group	Treatment Group	Control Group
Total sample	0.16	0.22 ²	0.07	0.11
Los Angeles County	0.12	0.22 ²	0.06	0.15 ²
Contra Costa County	0.12	0.23 ²	0.05	0.13 ²
Santa Clara County	0.18	0.31 ²	0.04	0.13 ²
New York City	0.19	0.20	0.10	0.11
Westchester County	0.21	0.21	0.09	0.03 ²

¹ Adjusted for time at risk.

² In addition to statistical significance, these differences in probabilities between the treatment and control groups are judged to have substantive importance, in that they are greater than or equal to 5 percent.

Table 6.16

**Probability of Reconviction for Any Crime and for a Drug Crime
Within the 12-Month Followup Period, by Study Group and
Selected Offender Characteristics¹**

	Any Crime		Drug Crime	
	Treatment Group	Control Group	Treatment Group	Control Group
Sex				
Males	0.18	0.23 ²	0.08	0.11
Females	0.13	0.22 ²	0.06	0.11 ²
Prior convictions				
None	0.11	0.14	0.03	0.07
1	0.13	0.14	0.06	0.05
2	0.18	0.32 ²	0.11	0.22 ²
≥3	0.25	0.31 ²	0.11	0.13
Age (years) at jail exit				
18-28	0.18	0.20	0.09	0.11
29-34	0.16	0.24 ²	0.08	0.10
≥35	0.15	0.24 ²	0.04	0.09 ²
Race/ethnicity				
Caucasian	0.12	0.21 ²	0.05	0.09
African American	0.19	0.22	0.08	0.11
Hispanic	0.16	0.23 ²	0.10	0.10
Prior drug use				
Single drug use	0.12 ³	N/A ⁴	0.04	N/A
Multiple drug use	0.18	N/A	0.08	N/A
Program exit type				
Premature termination	0.20 ³	N/A	0.10	N/A
No termination	0.15	N/A	0.06	N/A
Time in program				
< 1 month	0.22 ³	N/A	0.10	N/A
31-60 days	0.15	N/A	0.07	N/A
≥61 days	0.14	N/A	0.06	N/A

¹ Adjusted for time at risk.

² In addition to statistical significance, these differences in probabilities between the treatment and control groups are judged to have substantive importance, in that they are ≥5 percent.

³ In addition to statistical significance, these differences in probabilities for subgroups of treatment participants are judged to have substantive importance in that they are ≥ 5 percent.

⁴ N/A, not applicable.

Survival Analysis. In addition to determining the probability of recidivism (as defined for this study), it was important to calculate probability functions for the two study groups over time (i.e., the cumulative prevalence). By doing so, it could be determined how many months (or fractions of months) pass after release from jail (when probability of "survival" is 1.0), before the average offender is rearrested and convicted (Singer and Willett, 1991; Lagakos, 1992).¹¹

Figure 6.1 shows the survival distribution functions for members of the treatment and control groups who were recidivists. Overall, the distributions are quite similar (and not statistically significant), with 50 percent of the treatment recidivists being arrested by 4.86 months and 50 percent of the control recidivists by 3.67 months (see table 6.17). At slightly past 7 months after release, 75 percent of those in both groups who were going to become recidivists within 12 months had done so.

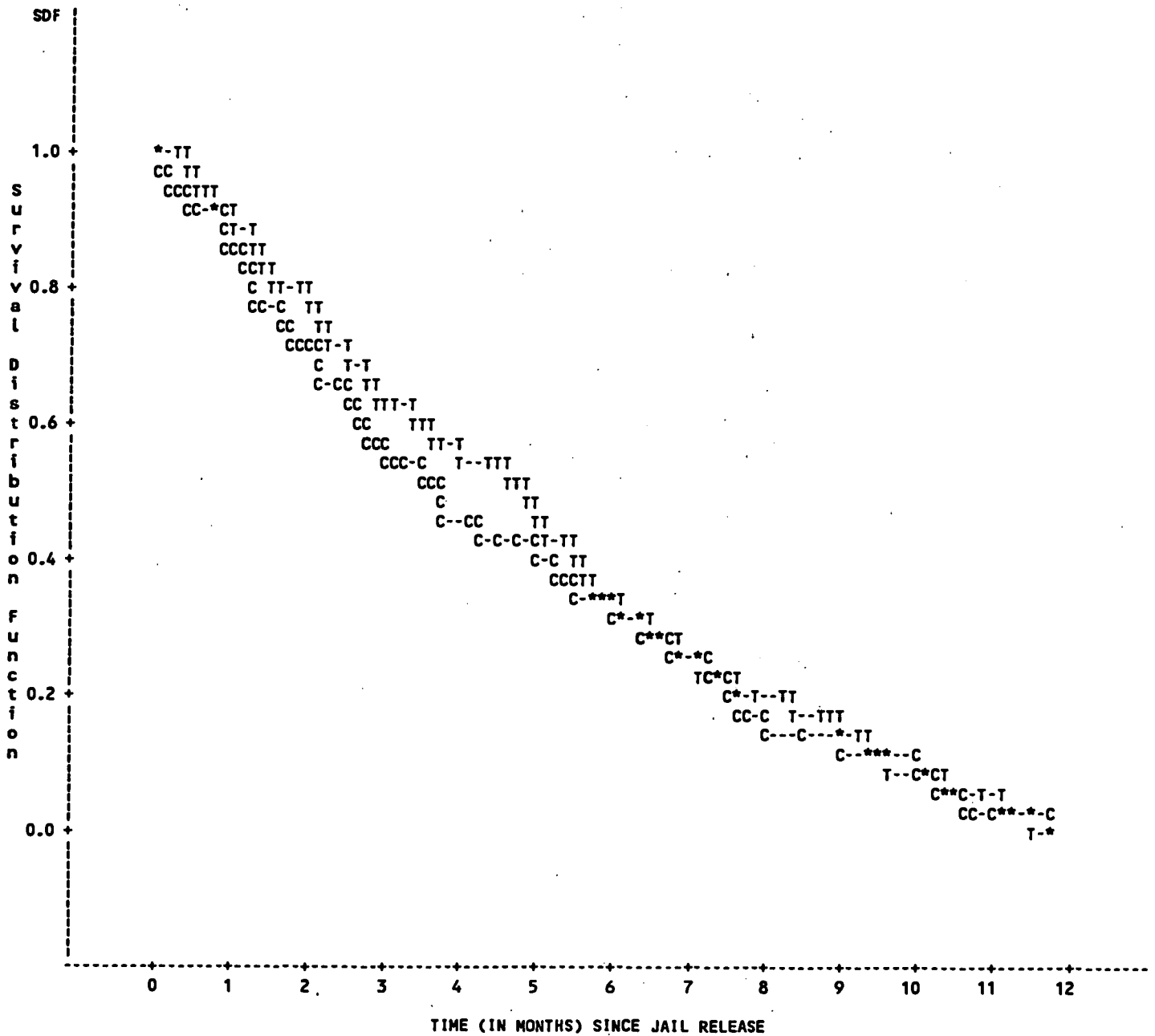
Survival distributions were then calculated for those in the treatment group who had experienced a "premature" termination (i.e., had been expelled from the program or had dropped out), and those whose participation had been successfully terminated. Again, the functions are very similar. Half of the "no termination" group had been rearrested and convicted by 4.96 months and half of the "premature termination" group only slightly earlier (4.61 months).

As with the probability analysis, offender-related characteristics that might influence "survival" time within the followup period were examined. Survival functions were computed for both study groups to compare timing of recidivism by sex, prior convictions, age, race/ethnicity, and drug use. Survival patterns did not differ significantly as a function of any of these offender-related variables.

¹¹ A major advantage of conducting a survival analysis is the ability to "censor" the data for those in the sample who do not experience the event of interest (in this case, rearrest resulting in reconviction). However, because 80 percent of this sample "survived" (did not experience the event) during the followup period, conducting the analysis for all subjects would not produce a useful or informative result. We elected, therefore, to conduct a survival analysis (which simply compares time to event) of the subset who did recidivate. Although not ideal, the approach is statistically sound. A longer followup period would obviously allow for a better estimate of outcome for the entire sample.

FIGURE 6.1

SURVIVAL FUNCTION ESTIMATES
TREATMENT GROUP (T) VERSUS CONTROL GROUP (C)
RECIDIVISTS ONLY



Note: The survival distribution function (left axis) is the probability of not being rearrested/reconvicted (i.e., of "surviving").

Table 6.17

**Summary Statistics for Time Variable:
Treatment Group Versus Control Group¹**

Quantile	Time Point Estimate (Months)	95% Confidence Interval
Treatment group recidivists (N = 100)		
75 %	7.13	5.87–8.75
50 %	4.86	3.57–5.54
25 %	2.13	1.44–2.79
Control group recidivists (N = 130)		
75 %	7.15	5.97–7.67
50 %	3.67	2.69–5.02
25 %	1.77	1.21–2.33

¹ Log rank test: $\chi^2 = 0.634$, $df = 1$, $P = 0.426$.

The final survival analysis was conducted to determine site differences. Table 6.18 shows, for each site, the points (in months) at which 25 percent, 50 percent, and 75 percent of the recidivist treatment sample had not “survived” rearrest/conviction. Four of the five sites (REACH, SAID, JET, and New Beginnings) had fairly similar patterns.

For DEUCE participants, however, the pattern revealed earlier arrest. One-quarter of the recidivists from DEUCE had been arrested by 1.31 months and 75 percent by less than 3 months. Although sample sizes are small and confidence bands wide, the survival differences by site are statistically significant ($P = 0.0015$). Site differences can be seen graphically in figure 6.2. Survival functions did not differ by site for recidivists not participating in jail drug treatment (i.e., controls).

Disposition to Prison. The final aspect of outcome examined was the rate at which each group (treatment versus control) was sentenced to prison following a reconviction. This outcome is important for comparing recidivism costs for each group. Of those offenders eligible for a 12-month followup, 3.6 percent of the treatment group and 6.2 percent of the control

group were sentenced to prison on being reconvicted. This difference closely approached statistical significance ($P = 0.051$). The average sentence length was 2.1 years for offenders who had received drug treatment while in jail and 2.6 years for those who had not ($P = 0.08$).

Table 6.18

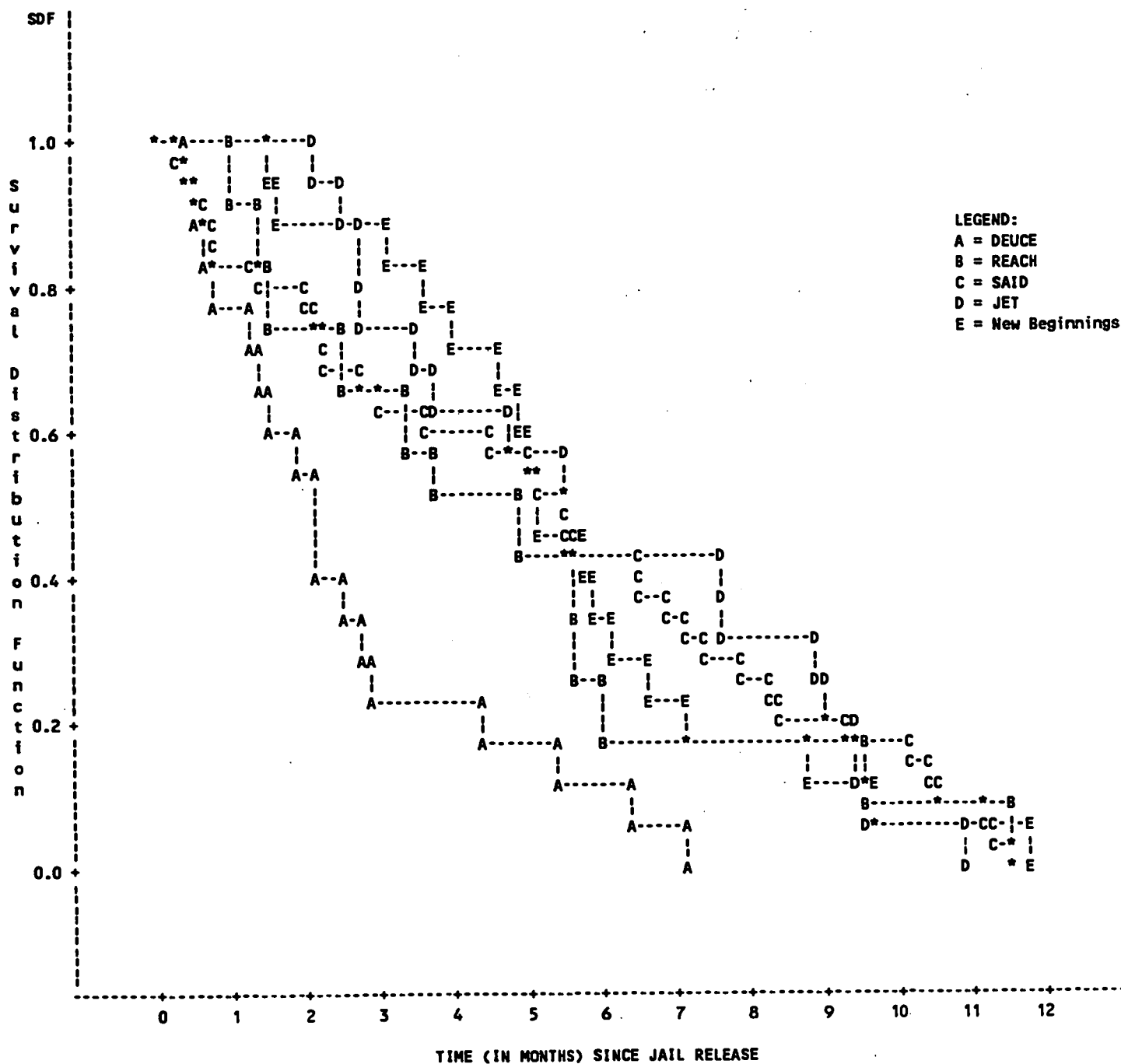
**Treatment Group Summary Statistics
For Time Variable, by Program Site¹**

Quantile	Time Point Estimate (Months)	95% Confidence Interval
DEUCE ($N = 17$)		
75%	2.82	2.13–6.43
50%	2.13	1.31–2.82
25%	1.31	0.56–2.13
REACH ($N = 12$)		
75%	5.82	3.80–9.44
50%	4.31	2.52–5.61
25%	1.98	1.41–4.82
SAID ($N = 38$)		
75%	8.23	6.46–10.13
50%	5.33	2.95–6.82
25%	2.13	0.79–4.52
JET ($N = 16$)		
75%	8.92	5.54–9.44
50%	5.53	3.51–8.89
25%	3.15	2.49–5.51
New Beginnings ($N = 17$)		
75%	6.62	5.18–9.67
50%	5.18	3.97–6.62
25%	3.97	1.57–5.18

¹ Log rank test: $\chi^2 = 17.53$, $df = 4$, $P = 0.0015$.

FIGURE 6.2

**SURVIVAL FUNCTION ESTIMATES
TREATMENT GROUP BY SITE
RECIDIVISTS ONLY**



Note: The survival distribution function (left axis) is the probability of not being rearrested/reconvicted (i.e., of "surviving").

Ancillary analyses revealed that these results could not be accounted for by differences in the sentencing offense or in prior convictions. Additionally, the two groups had previously been matched for offense leading to the jail stay under investigation. Thus, the difference in sentencing may have been related to a slightly more lenient judicial attitude toward those who had participated in jail drug treatment (assuming sentencing judges had access to this information). In this way, such participation may have served somewhat as an indirect diversion from prison.

Summary of Recidivism

In this section, analyses focused on the important question of the extent to which participation in jail drug treatment reduced recidivism during the 12 months following jail release. The most important trends were as follows:

1. Seventeen percent of the treatment group and 23 percent of the controls (for whom data were available) were reconvicted at least once in the 12-month period.
2. Most offenders were reconvicted for property or drug crimes, and the average time to first arrest was approximately 5 months.
3. Both treatment and control cases showed a decline in the number of arrests/convictions when the 12-month postrelease period was compared with the 12 months prior to jail stay.
4. For the total sample, the probabilities of being reconvicted for any crime were 0.16 for treatment cases and 0.22 for controls. The California sites demonstrated the lowest probabilities of recidivism for treatment cases, while the two New York sites showed no difference between groups.
5. Drug treatment in jail had the strongest effect on lowering the probability of reconviction (compared with controls) for those with at least two prior convictions, for "older" offenders, and for whites and Hispanics.
6. Probabilities of reconviction were lower for treatment participants who reported single rather than multiple drug abuse, for those who did not prematurely terminate treatment, and for those who stayed in the program for at least 1 month.

7. Survival functions calculated for the 20 percent of the followup sample who were recidivists revealed similar distributions over time for treatment and control groups, for treatment participants who did or did not prematurely terminate participation in the programs, and for offender subgroups. Half of the recidivists in both groups had been rearrested by about 4 months.
8. Analysis of site differences revealed a significantly shorter “survival” rate for DEUCE program recidivists as compared with the other sites (although it should be reiterated that the overall probability of recidivism among DEUCE participants was the lowest of all the sites).
9. Treatment participants may be less likely to be sentenced to prison on reconviction and may receive slightly shorter sentences.

A number of methodological caveats are provided and some caution is recommended in interpreting reported differences. With respect to informing policy, it can generally be concluded that the programs examined had modest positive effects on the probability, but not the timing, of recidivism within 1 year of jail release. Younger offenders (who perhaps had not yet established a long criminal history), those reporting multiple drug use, and African American offenders had relatively greater probabilities of recidivism.

Treatment participants in California had lower probabilities of reconviction compared with controls, but even the advantage of one California program in revealing a greater suppression rate was offset by more rapid arrest. The rapidity with which recidivists were rearrested suggests that aftercare may be, as many have suggested, extremely important. Future research should aim at securing comprehensive aftercare information that can be used in analyses of outcome.

Summary

Table 6.19 summarizes the additional cost, infraction, and recidivism probability data for the five programs. In general, the three California sites showed moderate increases in cost per prisoner, per day, substantial reductions in institutional infractions, and modest reductions in the probability of recidivism (compared with controls). The notable exception was one of the DEUCE locations, where serious infraction rates were the same as rates in comparable units, and nonserious infraction rates were dramatically elevated.

Table 6.19

**Comparison of Costs and Outcomes
For Five Drug Treatment Programs**

Program	Additional Cost per Prisoner, per Day	Difference in Infraction Rates (per 100) for Program Versus Comparison Unit(s)		Difference in Probability of Recidivism	
		Serious	Nonserious		
JET	\$5.98	-34.5	-64.6	-0.13	
DEUCE	\$3.83	Marsh	-19.8	0	-0.11
		Creek			
		West County	-31.9	244.3	
REACH	\$11.67	-14.3	-38.2	-0.10	
SAID	\$2.49	-7.8	-4.9	-0.01	
New Beginnings	\$41.51	-138.3	-43.9	0	

For SAID, additional costs for treatment were minimal, as were the effects on both institutional behavior and recidivism. New Beginnings was the most expensive program. No effects on recidivism were found, although the program was dramatically better than the comparison unit in terms of infractions (particularly serious infractions).

The question regarding whether these programs have been “cost-effective” cannot, thus, be answered simply. On the “benefits” side of the ledger can be counted reduced recidivism and associated costs, more manageable institutions, and, it should be remembered, additional information and personal well-being for the offenders/substance abusers themselves.

Future research needs to build on these findings, both in identifying the types of offenders most amenable to each of several treatment modalities and in developing information sources that identify outcomes more subtle than recidivism incidents. Ultimately, the issue is not whether specific, time-limited programs “fix” the offender, but how much those programs contribute to the process of rehabilitation. Once these issues are analyzed, it will be more feasible to balance the circumstances in which the greatest benefits can be realized at the lowest net cost to criminal justice agencies, in particular, and to society in general.

Chapter Seven: Conclusions and Recommendations

The impetus for this project came from the knowledge that drug arrests have been a major factor in recent increases in jail and prison populations. The effectiveness of drug treatment programs and, in particular, jail programs (with relatively short lengths of stay) continues to be a source of great interest and debate. As described in Chapter Two, there is evidence in the literature that drug treatment in jail can have at least a short-term positive effect on recidivism, perceptions of self-efficacy, and mood states such as depression and anxiety.

The field has been in need of a thorough description of several drug treatment programs housed within local jails, as well as data on who participates in them, who completes them, and who goes on to be rearrested and convicted within a year. This study intended to provide a comprehensive picture that included services provided, as well as relative rates of misconduct and relative costs.

Although a rigorous and comprehensive evaluation was conducted, the project had some important limitations, most of which apply generally to research of this nature. For example, the data information systems and physical settings varied greatly from site to site, making direct across-site comparisons difficult.

A particularly important limitation of this study was related to the inability to obtain valid and reliable data concerning aftercare participation. Although treatment providers uniformly recognize the importance of aftercare for participants of jail-based drug treatment programs, nowhere was comprehensive documentation found concerning whether or not an offender participated in aftercare. It appears that when budgets were cut, services focused on aftercare (including links with outside agencies and staff time allocated to making followup calls) were the first to be curtailed.

Also limited was the information collected regarding the particular services an offender received while in these jail programs. Thus, while the configuration of services routinely offered by program staff was described, it was not possible to compare this with the actual services received. This is problematic for two major reasons. First, researchers could not determine the internal validity of the stated programs (i.e., the extent to which offenders consistently received the stated interventions). Second, outcome analyses could not address which specific components of treatment were or were not effective. A final limitation was the inability of this study to assess

any aspect of postrelease substance abuse. For a variety of reasons, this information was difficult to collect and to substantiate. It is important, however, and appears well worth the added investment in resources.

From its inception, this project was intended to be policy-oriented. The hope was to provide information about the various issues confronting the program treatment providers. Therefore, this study is concluded with a brief summary of the findings and some recommendations. The intent is to speak to local corrections policymakers and funding agencies regarding the development and funding of these types of programs.

Process Findings

The five programs evaluated here were voluntary and served a small percentage of the jail inmate population. They were designed for those who could be housed in medium- or minimum-security facilities and incorporated a variety of modalities of what treatment providers described as a "biopsychosocial" approach. The programs were limited in their treatment intensity, however, and outcome results may not be generalizable to other programs that are more comprehensive and less hindered by implementation problems.

Program participants were housed away from the general population and, for the most part, took part in separate daily living activities. Although three of the five sites stipulated that participants have some minimum time remaining in jail, all but one accepted pretrial prisoners. All programs tried to screen out those with violent or other problematic behaviors but sought to provide substance abuse services (either directly or by referral) to those with mental health problems.

Attempting to serve the large percentage of jail inmates who have both substance abuse and significant psychiatric problems is viewed as one of the most important issues facing program staff. These individuals require relatively large amounts of program resources (e.g., staff time) and traditionally do less well in drug treatment than other offenders. Although the ideal would be to match the level of treatment to the level of individual need, resources are not available to accommodate a person who needs both intensive psychiatric intervention and substance abuse treatment while in jail.

Planning for postrelease treatment is extremely difficult, given the short lengths of stay and the unpredictability of release. For this study sample, the average length of stay in the programs ranged from 54 to 113 days. Program completion rates ranged from 10 to 68 percent. Most

participants did not “complete” the program because they were released from jail sooner than the designed termination point.

Programs recognized length of stay as a problem for participation, and three of the programs have or had admission criteria involving a minimum time remaining. In practice however, very few offenders were “screened out” for this reason. Moreover, even offenders who anticipate staying in jail for at least 90 days may be unexpectedly transferred or released. Also, for three programs, movement into the next “phase” of treatment was strictly time based. This meant that some offenders may not have been exposed to aspects of treatment past the most basic ones, because they left jail after a month of participation. Conversely, many who were not “ready” for the next phase were nonetheless moved into it simply because they had participated in the program for 30 days. Only New Beginnings incorporated counselor assessment into program “completion.”

The mismatch between length of programs and length of stay suggests that program staff may benefit from rethinking the design of the programs, with the goal of developing services for those who are in jail for 3 days as well as those who are in jail for 3 months. This effort would require the jurisdiction to obtain a full picture of whom it has in custody. For example, what is the average length of stay for different types of inmates? Without this kind of information, gross and perhaps erroneous assumptions are likely to guide the development or the termination of particular services. Finally, since offenders appear to spend a substantial amount of time in jail before being admitted to these programs, earlier recruitment may be in order. The length-of-stay issue is underscored by the present outcome findings that program participants who stay fewer than 30 days have a significantly higher probability of being rearrested and reconvicted.

Custody and program relations was an extremely important issue for all treatment and custody staff involved in the discussions. Most program staff felt that it was easier to “sell” a drug treatment program to jail administrative or management staff than to line custody staff. The administrators have invested in the programs and tended to view them as behavioral management tools. However, the feeling among program staff was that often an officer who was initially opposed to or skeptical about a program learned to view it positively and to consider the environment a better one in which to work.

Another important area in custody-program relations is cross training. Although all programs report providing some cross training, it appears that more training of custody staff on program theory and

techniques would be beneficial. Ideally, a new program would include the custody staff in planning and training and hold inservice sessions on an ongoing basis. Custody staff could also be invited to attend regular program staff meetings as a way of facilitating a team effort. There was some disagreement with this conclusion, at least to the degree of underlining the caveat that "it is important to keep the line between custody and programs clear," so that custody staff retain their "basic identity" as guardians of safety and security.

Treatment programs must be able to adapt to the jail setting and accommodate the fact that the institution's priority is custody rather than treatment. In most cases, the program staff are from another agency or another background and are responding to different imperatives than custody staff. In the view of SAID representatives, the fact that the program has been funded by the Department of Correction rather than by an outside agency has contributed to legitimizing the program in the eyes of correction employees. The treatment programs included in this study offered a variety of traditional drug treatment services, including group and individual counseling, drug education, self-help groups, parenting, life skills, and relapse prevention training. All except SAID performed drug testing. Elective HIV testing was available to offenders within the jail complex and, in the case of New Beginnings, is part of the program itself.

The profile of program participants varied from site to site. Overall, about one-third were Caucasian, 38 percent African American, and one-fourth Hispanic. Participants also differed with respect to education level, employment history, marital status, and prior drug treatment participation. The most commonly self-reported pattern of drug use involved alcohol and cocaine. The average age was consistently found to be between 30.7 and 32 years old, which may reflect a slight upward sampling bias.

The analyses revealed that Caucasian offenders were almost seven times more likely to leave the program for "legitimate" reasons (e.g., program completion, transfer, or release) than for other reasons (being expelled or dropping out). African Americans and Hispanics, by contrast, were only about two and one half times more likely to leave for such "legitimate" reasons. While 29 percent of the African Americans and 30 percent of the Hispanics in the sample were expelled or dropped out, fewer than 13 percent of Caucasians left the programs for these reasons.

Significant effects were also found for age and for self-reported history of mental illness. Offenders in the youngest of the age groups (split three ways) were significantly more likely to be expelled or to drop out than were those in the "older" groups. Similarly, those with a self-reported

history of mental illness were significantly more likely to “fail” in the programs than those not reporting such a history. The last finding should not be surprising, given the substance abuse treatment lore that acknowledges the difficulty in treating individuals with dual diagnoses.

These findings again emphasize the need to help these individuals receive appropriate services within substance abuse programs or through a strong ancillary service network. The findings regarding race/ethnicity and age speak to the issue of social and cultural “sensitivity.” The programs as a whole may be more equipped to address the cultural issues of nonminorities. Program staff may also need to focus on the developmental and social issues confronting the “younger” offender who is addicted to drugs. For example, treatment may address issues of young adult development and peer pressure, while countering denial that a high-risk lifestyle can continue for years without taking a significant toll on the quality of the person’s life.

The infraction rates for these programs were compared with rates for comparable units within the facility. Clear evidence was found that drug treatment programs have a very positive effect on levels of serious behavior, such as physical violence. Rates of less serious infractions, including insubordination and possession of (nondrug) contraband, were also lower for program participants, although the difference was less striking than for serious infractions. It appears, then, that claims by treatment staff that programs provide a “behavioral management” tool for jails are warranted and that this should be factored in when administrators are considering whether or not to invest in a jail drug treatment program.

Information was collected on costs for direct service, or treatment, and on custody staffing (housing and escort) for program and comparable units at each of the sites. The cost of treatment per prisoner, per day ranged from \$3.48 to \$15.22; differences appear to be related to program intensity variables such as hours per week in programming and treatment staff-to-inmate ratios. At one program site, custody staffing levels were reduced for program housing units, with a net savings of 33 percent in custody staffing costs. All programs resulted in net additional costs (treatment plus custody staffing) of \$2.49 to \$41.51 per prisoner, per day (excluding program administrative costs).

Impact Evaluation

An important component of this study was to assess 12-month postrelease recidivism for representative program participants versus matched controls. In the description of this project’s research design,

information was presented on how treatment and control subjects were selected, as well as how data were obtained through interview or data extraction procedures.

A series of analyses was conducted to demonstrate the comparability of the treatment ($N = 722$) and control ($N = 706$) groups. Although there were some small differences, the matching procedures were successful overall in generating a control group equivalent to the treatment group with respect to sex, race/ethnicity, primary offense, age, and sentence length.

The final step was to compare the two groups with respect to 12-month recidivism. To conduct outcome analyses, State-level criminal history data (rap sheets) were collected, and information was extracted regarding recent criminal history and reconviction during the followup period. Rap sheets were available for 86 percent of the sample, with followup rates similar for treatment and control cases. Seventeen percent of the treatment group and 23 percent of the controls were reconvicted at least once during the followup period.

Taking into account time at risk in the community, probabilities of reconviction were calculated for each study group and for each site. For the total sample, the probabilities of being reconvicted were 0.16 (treatment cases) and 0.22 (controls). The California sites demonstrated the lowest probabilities of recidivism for treatment cases, while the two New York sites showed no differences between groups. Effects of treatment were strongest for those with at least two prior convictions, for "older" offenders, and for whites and Hispanics. Among treatment participants, probabilities of reconviction were lower for those who abused a single drug rather than multiple drugs, for those who did not prematurely terminate participation in the program, and for those who stayed longer than 30 days.

Survival analyses were conducted to determine, for treatment versus control recidivists, the amount of time before the "average" offender was rearrested and convicted. Survival functions were similar for both groups, with 50 percent having been rearrested by 4 months. Recidivists participating in the DEUCE program had a significantly shorter "survival" rate compared with other sites. Finally, treatment participants were less likely to be sentenced to prison and more likely to receive slightly shorter sentences.

Summary

It can generally be concluded that these programs had modest positive effects on the probability but not the timing of recidivism (for those rearrested and convicted) within 1 year of jail release. Because the programs evaluated here experienced a variety of service and implementation problems, even modest positive results speak to the potential impact of drug treatment in jail. Minority offenders and younger offenders were less likely to be successful in the programs and had higher probabilities of recidivism.

In general, the three California sites showed moderate increases in cost per prisoner, per day, substantial reductions in institutional infractions, and modest reductions in recidivism. For one New York program, additional costs of treatment were minimal, but so were effects on institutional behavior and recidivism. The other New York site was relatively expensive and had no effects on recidivism, although serious infractions were dramatically decreased within the jail. It appears that the greatest immediate benefit of these programs is in the area of institutional behavior.

Although the effects found were modest, so were the programs themselves. Among the limitations were the following:

- Aftercare was weak or nonexistent, as were links to community supervision and treatment.
- Most inmates did not complete the full course of treatment because of premature, often unanticipated, release from jail.
- Jail crowding led to placement of general population prisoners in treatment units, compromising the ability to separate participating inmates.
- Administrative support was lacking in some programs.

Given these constraints, it may in fact be surprising that any positive outcomes were realized. Certainly, readers should not conclude from the present research that all jail programs are successful or not. Each jurisdiction must decide whether or not the additional costs of drug treatment are warranted. Perhaps the programs can be redesigned in ways that minimize costs and yet maximize the potential of successfully treating offenders who appear to be at "higher risk." This would include providing

drug treatment in ways that are appropriate to offenders' age, cultural background, psychiatric status, and substance abuse history.

This evaluation raises many questions and opportunities for research. The findings fall generally in line with earlier research reported in the Chapter Two literature review and suggest several issues in need of additional study. The findings support the generalization that in-custody substance abuse programs affect postrelease recidivism and, further, that a positive relationship exists between the duration of the treatment intervention and successful outcome. In addition, the study highlights an important new finding: substance abuse programs can contribute to dramatic reductions in behavioral problems and incident reports among offenders in treatment housing units.

Because the programs studied lacked significant aftercare components, this evaluation cannot speak to the frequent finding in the literature that aftercare preserves or extends treatment effects. Likewise, further research is needed regarding the types or modalities of intervention that "work" most effectively for specific types of offenders. Following are several additional points meriting closer attention:

- The findings show somewhat different patterns of program success, depending on participants' age, ethnicity, and self-reported drug use and psychiatric history. These findings should be explored further. For example, to what degree can and should programs be tailored to the demographics of clients and the level of their problem severity? Are outcome differences by ethnicity affected by the ethnicity, or cultural competence, of staff?
- More work is also needed to identify the effects of institutional or system factors. To what degree do the imperatives of custody and treatment clash, and with what impact on treatment outcomes? Does the support—or reluctance—of custody administrators affect program outcomes beyond the obvious impact of fiscal resources available to the program? For example, is administrative support or skepticism carried on through line-level staff actions and attitudes, or do tensions at the front line proceed according to their own dynamics?
- More sophisticated data on program services during incarceration are needed. In particular, participating programs need to track more closely the intensity and nature of the services received. Because the depth of program participation was not measured in this study, the degree to which more intensive intervention is

associated with more favorable ultimate outcomes cannot be answered. Wider availability of management information systems would improve the prospects of obtaining information on types and levels of actual services received by individuals.

- Likewise, more complete postrelease outcome data are needed. Even such gross measures as rearrest and reconviction are not always reliably available. Subtler outcomes—i.e., tapping changes in motivation, behavior, and life circumstances of offenders/substance abusers—are essential to achieving a better understanding of whether, or how, in-custody interventions contribute to the process of personal change. At a minimum, future studies should include resources for obtaining postrelease measures of substance abuse.
- To provide information on cost-effectiveness that is useful to policymakers, future studies should quantify not only the cost of treatment, but also the cost avoidance achieved through positive treatment outcomes. These include the social costs of crime; criminal justice costs associated with law enforcement, adjudication, supervision, and incarceration of offenders; and social service costs such as unemployment and disability. These are ambitious tasks but will be worth the time and other resources invested.
- This study suggests the importance of identifying the impact of programs on jail management and operations. Data on prisoner behavior and on the costs associated with disciplinary incidents (including staff time, facility maintenance, and litigation) are potentially very significant, given the often-cited tension between custody and treatment staff in jails. Relatedly, a crucial question is how impediments, such as lack of administrative support, impact treatment effectiveness.
- To calibrate the impact of jail treatment programs completely, a full experimental design with a randomly assigned control group would be desirable. If this is not practical, better information about offenders is essential. Development of optimally matched treatment and comparison groups for the research requires the availability of information on prior criminal history as well as prior substance abuse. Finally, to achieve a more complete picture of recidivism, future studies should be designed for a followup period of at least 2 years.

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Appendix A
Admission and Exit Forms

NCCD JAIL DRUG TREATMENT ADMISSION FORM

Fill in the appropriate boxes for the questions below.

1. Name: Last FI MI 2. ID 3. NCCD ID
4. Date of Birth 5. Jail Admission Date 6. Program Admission Date 7. Site ID:
- MO DAY YR MO DAY YR MO DAY YR
- 1 = Los Angeles
2 = Contra Costa
3 = Santa Clara
4 = New York City
5 = Westchester

For Question 8 below, record the Criminal Code Number and Prose Title (e.g., PC 187:Murder). To the right enter the Criminal Code Number provided by NCCD.

- 9. If Sentenced, Sentence Length in Days:**

8. Primary Offense

11

Criminal Code

Description

For questions 9-15 below, fill in the box to the right of each question with the number which corresponds to the correct response.

- | | |
|--|--|
| <p>10. Sex <input type="checkbox"/></p> <p>1 = Male</p> <p>2 = Female</p> | <p>14. Employment at Jail Admission: <input type="checkbox"/></p> <p>1 = Full-time (35 + hrs/wk)</p> <p>2 = Part-time (<35 hrs/wk)</p> <p>3 = Unemployed, looking</p> <p>4 = Homemaker</p> <p>5 = Student</p> <p>6 = Retired</p> <p>7 = Inmate</p> <p>8 = Disabled</p> <p>9 = Other (list) _____</p> |
| <p>11. Race/Ethnicity: <input type="checkbox"/></p> <p>1 = White, not Hispanic</p> <p>2 = White, of Hispanic origin</p> <p>3 = Black, not Hispanic</p> <p>4 = Black, of Hispanic origin</p> <p>5 = Asian/Pacific Islander</p> <p>6 = Native American/Alaskan</p> <p>7 = Other (list) _____</p> | <p>15. Education at Jail Admission <input type="checkbox"/><input type="checkbox"/></p> <p>(Number of years completed)</p> <p>00-11 = Grade completed</p> <p>12 = High School Diploma</p> <p>13 = GED</p> <p>14 = Vocational Certificate/no High School no GED</p> <p>15 = Vocational Certificate and High School or GED</p> <p>16 = Some College</p> <p>17 = Associate Degree</p> <p>18 = Bachelor Degree</p> <p>19 = Graduate Degree</p> |
| <p>12. Marital Status at Jail Admission: <input type="checkbox"/></p> <p>1 = Never Married</p> <p>2 = Married (or common law)</p> <p>3 = Widowed</p> <p>4 = Separated</p> <p>5 = Divorced</p> | <p>16. Legal Status at Program Admission: <input type="checkbox"/></p> <p>1 = Unsentenced (no sentenced offense)</p> <p>2 = Sentenced (includes cases still pending)</p> <p>3 = Other (list) _____</p> |
| <p>13. Residence at Jail Admission: <input type="checkbox"/></p> <p>1 = Homeless, no shelter</p> <p>2 = Homeless, shelter</p> <p>3 = Institution (jail, hospital)</p> <p>4 = Group Setting (rehab, half-way)</p> <p>5 = Living with relative or friend (not renting)</p> <p>6 = Renting</p> <p>7 = Homeowner</p> <p>8 = Other (list) _____</p> | |

(continue on back side)

In questions 17-21 below, for each affirmative response place an "X" in the corresponding box.

17. History of Physical Abuse or Violence:

☐

18. History of Mental Illness:

☐

19. Drug Use at Jail Admission:

Alcohol ☐

Heroin ☐

Methadone ☐

Amphetamines ☐

Marijuana ☐

PCP ☐

Ice ☐

Crack ☐

Cocaine ☐

Hallucinogens ☐

Inhalants ☐

Tranquilizers ☐

Barbiturates ☐

Prescription Drugs ☐

Other (list) ☐

20. Drug Treatment Prior to Jail Admission:

☐

21. Yes to 20, Type of Treatment(s):

Outpatient rehabilitation/counseling ☐

Alcoholics/Narcotics Anonymous ☐

Inpatient rehabilitation ☐

Detoxification ☐

Residential treatment ☐

Prison/Jail Program ☐

Other (list) ☐

22. Person completing form:

Name

Phone

Data Definition List
NCCD Jail Drug Treatment Admission Form

Use the following list to guide you in filling out the NCCD Jail Drug Treatment Admission Form. The Admission form is to be completed upon inmates entrance into the treatment program.

Use a pencil when filling out the form. If you are unable to answer any questions, leave the boxes blank.

Data Element	Length	Definition
1.Name: Last	12	Legal last name of inmate
FI	1	First initial of inmate
MI	1	Middle initial of inmate
2.ID	7	Jail identification number of inmate
3.NCCD ID	3	NCCD inmate identification number
4.Date of Birth:MO	2	Month of inmate's birth
DAY	2	Day of inmate's birth
YR	2	Year of inmate's birth (1961 = 61)
5.Jail Admission Date:MO	2	Month inmate admitted to jail
DAY	2	Day inmate admitted to jail
YR	2	Year inmate admitted to jail (1991 = 91)
6.Program Admission Date:MO	2	Month inmate admitted to treatment program
DAY	2	Day inmate admitted to treatment program.
YR	2	Year inmate admitted to treatment program (1991 = 91)
7.Site ID	1	Site identification number provided by NCCD
8.Primary Offense:		Offense for which inmate has been sentenced to jail
Criminal Code Number	—	List criminal code number of above as written in inmate's file
Prose Title	—	List prose title of above as written in inmate's file
NCCD Code Number	2	List code number of above as provided by NCCD
9.If Sentenced, Sentence Length in Days	3	Number of days inmate was sentenced to jail
10.Sex	1	Sex of Inmate
11.Race/Ethnicity	1	Race/Ethnicity of inmate
12.Marital Status at Admission	1	Marital status of inmate at time of jail admission
13.Residence at Admission	1	Residence of inmate at time of jail admission
14.Employment at Admission	1	Employment of inmate at time of jail admission Illegal employment (e.g., drug sales, prostitution) code and list as other
15.Education Level at Admission	2	Highest completed level of inmate education at time of jail admission. For grades 00-11, fill in the highest grade completed (e.g., 4th grade = 04).

16. Legal Status at Program Admission	1	Legal status of inmate at time of treatment program admission
17. History of Abuse or Violence	1	Has inmate ever been a victim of physical abuse or domestic violence?
18. History of Mental Illness	1	Has inmate ever been treated for a mental illness?
19. Drug Use at Jail Admission	--	If, at the time of admission, inmate was using any of the substances listed, place an "X" in the box which corresponds to each substance used.
20. Drug Treatment Prior to Jail Admission	1	Did inmate receive treatment for substance use prior to this jail admission? If yes, place an "X" in the box provided.
21. Type of Treatment	--	If yes to 20, what type of treatment(s) did inmate receive? Place an "X" in the box which corresponds to each treatment inmate received.
22. Person Completing Form	--	List your name and phone number for possible future contact.

NCCD JAIL DRUG TREATMENT EXIT FORM

Fill in the appropriate boxes for the questions below. Use pencil only.

Name: Last

FI

MI

2. ID

3. NCCD ID

Jail Exit Date:

MO DAY YR

5. Program Exit Date:

MO DAY YR

6. Program Phase Completed at Exit:

- 0 = None
1 = Phase 1
2 = Phase 2
3 = Phase 3
4 = Phase 4

7. Site ID :

- 1 = Los Angeles
2 = Contra Costa
3 = Santa Clara
4 = New York City
5 = Westchester

For questions 8-11 below, fill in the box to the right of each question with the number which corresponds to the correct response.

8. Program Exit Type

☐

- 1 = Successful Graduation from Program
2 = Exit at Release from Jail but Prior to Program Completion
3 = Termination for Violation of Jail or Program Rules
4 = Voluntary Exit from Program Prior to Completion and Prior to Release from Jail
5 = Transfer to another Jail
6 = Other (list) _____

9. Type of Residence upon Release:

☐

- 1 = Homeless, no shelter
2 = Homeless, shelter
3 = Institution (jail, hospital)
4 = Group Setting (rehab, halfway)
5 = Living with a relative or friend (not paying rent)
6 = Renting
7 = Other (list) _____
8 = Unknown

10. Post-Custody Criminal Justice Supervision:

☐

- 1 = None
2 = Court Ordered Probation
3 = Voluntary Probation
4 = County Parole
5 = Other (list) _____
6 = Unknown

11. Is Drug-Testing a Post-Custody Requirement:

☐

- 1 = Yes
2 = No
3 = Unknown

In questions 12-13 below, for each affirmative response place an "X" in the corresponding box:

12. Post-Custody Treatment:

- Alcoholics/Narcotics Anonymous
Counseling
Vocational/Education
Day Treatment
Residential Treatment
Unknown
Other (list) _____

☐
☐
☐
☐
☐
☐
☐

13. Types of Services Received While in the Program:

- Individual Counseling
Group Counseling
Parenting/Child Care
Drug/Alcohol Education
Literacy/GED
Vocational/Job Seeking
AIDS Education
Institutional Work/Industries
Relapse Prevention
Post-Release Plan
Legal Service
Other (list) _____

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

Fill in the Requested Information in the Space Provided.

14. Anticipated Address at Release:

Street _____

City/State/Zip _____

Phone () _____

(continue on back side)

**Data Definition List
NCCD Jail Drug Treatment Exit Form**

Use the following list to guide you in filling out the NCCD Exit Form. The Exit form is to be completed upon inmates exit from jail.

Use a pencil when filling out the form. If you are unable to answer any questions, leave the boxes blank.

Data Element	Length	Definition
1.Name: Last	12	Legal last name of inmate
FI	1	First initial of inmate
MI	1	Middle initial of inmate
2.ID	7	Jail identification number of inmate
3.NCCD ID	1	NCCD inmate identification number
4.Jail Exit Date:MO	2	Month of inmate's jail exit
DAY	2	Day of inmate's jail exit
YR	2	Year of inmate's jail exit
5.Program Exit Date: MO	2	Month of inmate's treatment program exit
DAY	2	Day of inmate's treatment program exit
YR	2	Year of inmate's treatment program exit
6.Program Phase Completed at Jail Exit	1	Highest completed level of drug treatment program
7.Site ID	1	Site identification number provided by NCCD
8.Program Exit Type	1	Reason for inmate's exit from treatment program
9.Type of Residence upon Release	1	Anticipated residence of inmate after release from jail
10.Post-Custody Criminal Justice Supervision	1	Type of supervision given inmate after release from jail
11.Drug-Testing	1	Is inmate required to undergo drug-testing after release from jail?
12.Post-Custody Treatment	—	Type of substance use treatment inmate will receive after release. Place an "X" in the box which corresponds to each treatment inmate is expected to receive.
13.Type of Services Received	—	Type of services inmate received while in jail. Place an "X" in the box which corresponds to each service received.
14.Anticipated Address at Release	—	Anticipated address and phone number of inmate after release.
15.Probation/Parole Officer	—	Name and phone number of inmate's probation/parole officer
16.Two Other Contact Persons	—	Name, address and phone number of two other people with whom the inmate will have contact after release from jail.

15. Probation/Parole Officer:

Name _____

Phone () _____

16. Two other contact persons:

Name _____

Street _____

City/State/Zip _____

Phone () _____

Name _____

Street _____

City/State/Zip _____

Phone () _____

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